

TITLE 22. SOCIAL SECURITY

DIVISION 13. CHILD SUPPORT SERVICES

Chapter 1. Program Administration.

Subchapter. 1. Operations

Article 1. Definitions.

Section 110041. Applicant.

“Applicant” means an individual who submits an application for Title IV-D services.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: 17306, 17310 and 17312, Family Code.

Section 110042. Application.

“Application” means a written or electronic document provided by a local child support agency in which an individual requests support services and which is signed by the individual.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17212, 17406 and 17801, Family Code; Section 11478.1, Welfare and Institutions Code; and 45 Code of Federal Regulations, Sections 302.15, 302.33 and 303.2.

Section 110098. CalWORKs Recipient.

“CalWORKs recipient” means an individual who is receiving public assistance benefits under the California Work Opportunity and Responsibility to Kids (CalWORKs) program, including KinGap, established pursuant to Welfare and Institutions Code, Chapter 2, commencing with Section 11200.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17402, Family Code; and 45 Code of Federal Regulations, Sections 302.33 and 303.2.

Section 110284. Federal Case Registry.

“Federal Case Registry” means a national database of information on individuals in all Title IV-D cases, and on all non-Title IV-D orders entered or modified on or after October 1, 1998. The Federal Case Registry is part of the expanded Federal Parent Locator Service, which is maintained by the federal Office of Child Support Enforcement.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: 42, United States Code, Sections 653, 654 and 666; and 45 Code of Federal Regulations, Sections 302.35, 303.15 and 303.69.

Section 110299. Foster Care.

“Foster care” means the 24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: 42, United States Code, Section 654; and 45 Code of Federal Regulations, Section 302.33.

Section 110428. Medi-Cal Program.

“Medi-Cal program” means California’s medical assistance program provided under the State Plan approved under Title XIX of the Social Security Act.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17400 and 17415, Family Code; and 45 Code of Federal Regulations, Sections 301.1 and 302.33.

(1) Amend Section 110430 to read as follows:

Section 110430. Medically Needy Only Recipient.

“Medically needy only recipient” means an individual who is receiving only benefits under the Medi-Cal program, ~~but have has too much income or property to receive cash assistance, or do not want cash assistance.~~

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17400 and 17415, Family Code; and 45 Code of Federal Regulations, Sections 302.80, 303.30 and 303.31.

(2) Amend Section 110431 to read as follows:

Section 110431. Medical Support.

“Medical support” means the court-ordered requirement that one or both parents provide health, ~~insurance~~ vision, and dental coverage, ~~which can include vision and/or dental care,~~ for a dependent child.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 3750, 3751, 4062, 4063, ~~17306, 17310, 17312,~~ 17400 and 17415, Family Code; and 45 Code of Federal Regulations, Sections 302.80, 303.30 and 303.31.



(3) Amend Section 110473 to read as follows:

Section 110473. Obligee.

“Obligee” means an individual, agency, or entity to whom a duty of support is owed.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17306, 17310 and 17312, Family Code.

Section 110539. Public Assistance.

“Public assistance” means any amount paid under the CalWORKs program, as specified in Section 110098, or foster care, or any Medi-Cal benefit, for the benefit of any dependent child or the caretaker of a child.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17000, 17400, 17406 and 17415, Family Code.

Section 110609. Spousal Support.

“Spousal support” means a legally enforceable obligation assessed against an individual for the support of a spouse or former spouse who is living with a child or children for whom the individual also owes support.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17212, 17415, 17800 and 17801, Family Code; and Section 11478.1, Welfare and Institutions Code.

Chapter 2. Case Intake.

Article 1. Definitions.

Section 112002. Abuse.

“Abuse” means any of the following:

- (a) Intentionally or recklessly to cause or attempt to cause bodily injury.
- (b) Sexual assault.
- (c) To place a person in reasonable apprehension of imminent serious bodily injury to that person or to another.
- (d) To engage in any behavior that has been or could be enjoined pursuant to Section 6320, Family Code.
- (e) Battering or subjecting a victim to extreme cruelty, as specified in Section 11495.12, Welfare and Institution Code, by:
  - (1) Physical acts that resulted in, or threatened to result in, physical injury.
  - (2) Sexual abuse.
  - (3) Sexual activity involving a child in the home.
  - (4) Being forced to participate in nonconsensual sexual acts or activities.
  - (5) Threats of, or attempts at, physical or sexual abuse.
  - (6) Mental abuse.
  - (7) Neglect or deprivation of medical care.
  - (8) Stalking.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Section 17306, 17310 and 17312, Family Code.

Section 112015. Child Abuse.

“Child abuse” means any of the following:

- (a) A physical injury which is inflicted by other than accidental means on a child by another person.
- (b) The sexual abuse of a child or any act or omission proscribed by Penal Code, Sections 273a(a) or 273d(a).
- (c) The neglect of a child or abuse in out-of-home care, as defined in Section 11165.5, Penal Code.
- (d) The willful cruelty or unjustifiable punishment of a child, as defined in Section 11165.3, Penal Code.
- (e) The unlawful corporal punishment or injury of a child, as defined in Section 11165.4, Penal Code.
- (f) The emotional or mental abuse of a child.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17306, 17310 and 17312, Family Code.

Section 112025. Domestic Violence.

“Domestic violence” means abuse perpetrated against any of the following persons:

- (a) A spouse or former spouse.
- (b) A cohabitant or former cohabitant, as defined in Section 6209, Family Code.
- (c) A person with whom the individual who perpetrated the act of domestic violence is having or has had a dating or engagement relationship.
- (d) A person with whom the individual who perpetrated the act of domestic violence has had a child, where the presumption applies that the male parent is the father of the child of the female parent under the Uniform Parentage Act (Part 3 of Division 12 commencing with Section 7600) of the Family Code.
- (e) A child of a party or a child who is the subject of an action under the Uniform Parentage Act, where the presumption applies that the male parent is the father of the child to be protected.
- (f) Any other person related by blood or marriage, such as grandparents, parents, aunts, uncles, and children.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17306, 17310 and 17312, Family Code.

Section 112034. Family Violence.

“Family violence” means domestic violence as defined in Section 112025, or child abuse as defined in Section 112015.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17306, 17310 and 17312, Family Code.

Section 112035. Family Violence Indicator.

“Family violence indicator” means the designation of a party in a case or order by a state that indicates that party is associated with an act of child abuse or domestic violence. This indicator resides in the Federal Case Registry and is used to prevent disclosure of the location of a party and/or a child believed by a state to be at risk of family violence.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: 42, United States Code, Section 663.



(4) Amend Section 112100 to read as follows:

Article 2. Application and Referral.

Section 112100. General Requirements.

Each local child support agency shall:

(a) Make the application package for child support services, specified in Section 112110, available to the public and provide the application package on the day it is requested in person, or within five business days of a telephone or written request.

(b) Accept all an applications for child support services on the day the application is received from an applicant who is not currently receiving public assistance including an applicant:

~~(1) Applying only for the collection of past due child support for an emancipated child(ren).~~

~~(2)~~ Reapplying for services after his/her case was closed pursuant to case closure criteria specified in 45, Code of Federal Regulations, Section 303.11.

~~(3)~~ Applying for services to collect spousal support, if both of the following conditions exist:

(A) The obligee is living with the children for whom the spousal support obligor also owes child support.

(B) The child support order is being enforced under the Title IV-D program.

(c) Not require an application package from:

(1) A current public assistance recipient that is referred from the county welfare department.

(42) A former public assistance recipient who became ineligible to receive assistance after being referred by the county welfare department, but still wishes to have child support services continue.

(23) When a California local child support agency is the responding state in a interstate case.

(d) Provide written notification to an applicant within five business days from receipt of an application, if the application is deficient in any one of the data elements specified in Section 112130(a)(2), identifying the deficiencies.

(e) Accept all referrals of CalWORKs, Foster Care, and Medically Needy Only recipients from the county welfare department on the day they are received and provide to the recipient the information notice specified in Section 112110(i) within five business days of the referral. The referral process for CalWORKs and Medically Needy Only recipients shall include making local child support agency staff available to interview each recipient, in person or by telephone, at the time of the initial interview in each county welfare department. During the interview with the recipient, the local child support agency shall obtain all information necessary to complete:

(1) ~~The form specified in Section 112110(g).~~

(21) The ~~most current version of~~ the "Referral to Local Child Support Agency" form CW 371, as required by the California Department of Social Services (CDSS), Manual of Policies and Procedures (MPP) Section 80-310(c)(11).

(32) The ~~most current version of~~ the "Support Questionnaire" form CA 2.1Q, as required by CDSS, MPP Section 80-310(c)(2).

(43) The "Attestation Statement," form CS 870, dated ~~(09/01/04~~ 01/02), incorporated by reference herein, if applicable.

(f) During the initial interview specified in subsection (e), a local child support agency shall also obtain all information necessary to complete the form specified in Section 112110(h), and offer to the recipient information on the availability of services designed to assist individuals to identify, escape, or stop future domestic abuse, as well as to deal with the effects of domestic abuse.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17406 and 17415, Family Code; Section 11477, Welfare and Institutions Code; and 45 Code of Federal Regulations, Sections 302.31, 302.33 and 303.2.

(5) Amend Section 112110 to read as follows:

Section 112110. Application Package for Child Support Services.

The application package required by Section 1121400 shall include each of the following which are incorporated by reference herein:

- (a) "Application for Support Services," CSS 2101, dated (~~09/01/01~~ 01/02).
- (b) "Information Regarding the Application for Support Services Package," CSS 2103, dated (09/01/01).
- (c) "Child Care Verification," CSS 2105, dated (09/01/01).
- (d) "Visitation Verification," CSS 2107, dated (09/01/01).
- (e) "Declaration of Support Payment History," CSS 2109, dated (09/01/01).
- (f) "Health Insurance Information," CSS 2111, dated (09/01/01).
- (g) "Request for Support Services," CSS 2115, dated (~~09/01/01~~ 02/02).
- (h) "Child Support Domestic Violence Questionnaire," CSS 2142, dated (~~09/01/01~~ 01/02).
- (i) "Child Support Services Program Notice," CS 196, dated (~~04/01~~ 01/02).

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Section 17406, Family Code; and 45 Code of Federal Regulations, Sections 302.33 and 303.2.

(6) Amend Section 112130 to read as follows:

Article 3. Case Opening Requirements.

Section 112130. Establishing the Case Record.

Each local child support agency shall:

(a) Open a case by establishing a case record within 20 days of receipt of either:

(1) A referral of a CalWORKs, Foster Care or Medically Needy Only recipient from the county welfare department.

(2) The application for services form, CSS 2101, if the minimum data elements necessary to open a case are provided. The minimum data elements shall include the names of ~~the custodial party, noncustodial parent~~ an applicant and child(ren) and the signature of the applicant on the application.

(b) Reopen a closed case upon receipt of an application for services or a referral from the county welfare department within the time frame specified in subsection (a), regardless of previous unsuccessful locate attempts.

(c) Assess the case to determine necessary action(s) by considering:

(1) The case type.

(2) Whether the case already exists.

(3) Whether paternity is at issue.

(4) Whether the custodial or noncustodial parent's physical location is known.

(5) Whether a child, medical or spousal support order already exists for the children or spouse for whom services are being requested.

(d) Ensure the case record established pursuant to subsection (a) contains both of the following:

(1) All information and documents pertaining to the case including the information contained on the forms specified in Section 112110.

(2) All facts and dates relevant to the case, including a record of:

(A) All actions taken, the reason and results of each action, and the name of the person taking the action.

(B) Each contact made, the date(s) of contact, and the names of all persons contacted.

(e) Solicit any additional information and initiate verification of information obtained, as necessary, to provide locate, establishment or enforcement services.

(f) Open one case naming the most likely alleged father when paternity is at issue and if that alleged father is excluded, change the case record to reflect the next most likely alleged father. The local child support agency shall repeat this action for each alleged father until the father has been identified or all alleged fathers have been excluded.

(g) Provide written notification to a CalWORKs and Medically Needy Only recipient, unless the recipient is a nonparent caretaker or other relative of the child(ren), of the requirement to cooperate in all required activities necessary to establish paternity and/or establish, modify, or enforce a support order, as specified in Section 112200, as a condition of continued eligibility for CalWORKs or Medi-Cal unless:

(1) Only the children are receiving CalWORKs or Medi-Cal benefits, or

(2) A good cause claim is pending or has been approved by the county welfare department, as specified in Sections 14008.6, or 11477.04, Welfare and Institutions Code, as applicable.

(h) Mail written notification to the noncustodial parent, if his/her address is known, informing the noncustodial parent of the case opening. This notification shall include all of the following:

(1) Any available identifying numbers such as, a court case number or a local child support agency case number.

(2) Information regarding child support services including the noncustodial parent's rights and responsibilities.

(3) An income package containing a cover letter requesting financial information and either a "Financial Statement (Simplified)," as required by the Rules of Court 1285.52, or a Income and Expense Declaration, as required by the Rules of Court 1285.50.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: 45 Code of Federal Regulations, Sections 302.33 and 303.2.

(7) Amend Section 112140 to read as follows:

Article 4. Case Processing.

Section 112140. Interviewing a Custodial Party/Noncustodial Parent.

Each local child support agency shall:

(a) Conduct an initial interview with a custodial party, unless the custodial party is a foster care agency, or a noncustodial parent if that individual is the applicant for Title IV-D services, within 10 business days of opening a case, unless an interview was conducted pursuant to Section 112100(e). During the initial interview the local child support agency shall:

(1) Answer questions and provide information to the custodial party or noncustodial parent of his/her rights and responsibilities.

(2) Review the forms specified in Section 112110 completed by the custodial party and/or noncustodial parent and solicit additional information as necessary.

(b) Reinterview the custodial party or noncustodial parent to obtain information, when necessary.

(c) Notwithstanding subsections (a) and (b), interview or reinterview a noncustodial parent only if the noncustodial parent is not represented by an attorney or his/her attorney has given a local child support agency permission to conduct an interview.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17400 and 17405, Family Code; 45 Code of Federal Regulations 303.2.



(8) Amend Section 112150 to read as follows:

Section 112150. Case Processing--CalWORKs Referrals.

(a) Upon receipt of a CalWORKs referral, each local child support agency shall seek to establish paternity, if necessary, and to obtain either or both of the orders specified in (1) and (2), below:

(1) An order for current support which shall comply with the statewide uniform guideline specified in Article 2, of Part 2, of Division 9, of the Family Code, if either of the conditions specified below exist:

(A) An order for support of all the minor child(ren) subject to the CalWORKs grant does not already exist and the family continues to receive CalWORKs.

(B) Following the receipt of a CalWORKs referral a custodial party ceases to receive public assistance under the CalWORKs program, but continues to receive Title IV-D services.

(2) An order for reimbursement of the costs of any public assistance under the CalWORKs program provided during the period of the noncustodial parent's absence, unless an order has already been established. ~~Such order shall cover the entire time period public assistance was paid and all of the child(ren) who received public assistance during that time period.~~ A reimbursement order sought by a local child support agency shall ~~not exceed one year prior to the filing of the petition or complaint for all cases filed on or after January 1, 2000 and shall~~ comply with the statewide uniform guideline specified in Article 2, of Part 2, of Division 9, of the Family Code. A court order for reimbursement and shall be reduced by a local child support

agency of a county in which a CalWORKs recipient is receiving CalWORKs by any amount actually paid by a noncustodial parent to a custodial party or to a local child support agency during the period of separation or desertion for the support and maintenance of the family. Such orders shall be subject to the following:

(A) For cases filed on or after January 1, 2000, the order for the support and maintenance of the family shall not exceed one year prior to the date of the filing of the petition or complaint.

(B) For cases filed prior to January 1, 2000, the order for the support and maintenance of the family shall not exceed three years prior to the date of the filing of the petition or complaint.

(b) Each local child support agency shall enforce any existing valid support order(s) established for the family and/or child(ren) subject to a CalWORKs grant.

(c) When a CalWORKs recipient is no longer eligible for assistance under the CalWORKs program, a local child support agency shall continue to:

(1) Provide Title IV-D services and notify the former CalWORKs recipient, in writing, within five business days of receipt of the county welfare department's notification of ineligibility, that Title IV-D services shall be continued unless the local child support agency is notified in writing by the former CalWORKs recipient that services should be discontinued. The notice shall inform the former CalWORKs recipient of his/her rights and responsibilities of continuing to receive Title IV-D services, including available services and distribution policies.

(2) Collect any assigned arrearages that have accrued.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17400, 17415 and 17402, Family Code; Welfare and Institutions Code, Section 11477; and 45 Code of Federal Regulations, Sections 302.33, 302.50, 303.4 and 303.6.

(9) Amend Section 112152 to read as follows:

Section 112152. Case Processing-Medically Needy Only Referrals.

Each local child support agency shall:

(a) ~~Seek to obtain an order for a noncustodial parent to provide medical support for his/her child(ren) receiving benefits under the Medi-Cal program.~~ Provide all Title IV-D services to a Medically Needy Only recipient unless he/she notifies the local child support agency that only services related to medical support are wanted.

(b) ~~Enforce any existing medical support order for health insurance established for the child(ren) receiving benefits under the Medi-Cal program.~~ Establish paternity when appropriate.

(c) ~~Provide all Title IV-D services to a Medically Needy Only recipient unless he/she notifies the local child support agency that only services related to medical support are wanted.~~ Seek to obtain an order for a noncustodial parent to provide medical support for his/her child(ren) receiving benefits under the Medi-Cal program.

(d) ~~Forward payments from a noncustodial parent for medical support to the Department of Health Services, if a local child support agency is enforcing a medical support order.~~ Enforce any existing valid medical support order for health insurance established for the child(ren) receiving benefits under the Medi-Cal program.

(e) ~~Provide written notification to the county welfare department and to the Department of Health Services, Third Party Liability Branch, within five days of discovering that a Medically Needy Only recipient received a medical support payment directly from a noncustodial parent, if the~~ Forward payments from a noncustodial parent for medical support to the Department of Health Services, if a local child support agency

is enforcing a medical support order specifying a dollar amount for medical purposes support.

(f) ~~When a Medically Needy Only recipient is no longer eligible for assistance under the Medi-Cal program, a local child support agency shall continue to provide Title IV-D services, in writing, and notify the Medically Needy Only recipient within five business days of receipt of the county welfare department's notification of ineligibility, that Title IV-D services shall be continued unless the local child support agency is notified in writing by the Medically Needy Only recipient that services should be discontinued. The notice shall inform the Medically Needy Only recipient of his/her rights and responsibilities of continuing to receive Title IV-D service, including available services. Provide written notification to the county welfare department and to the Department of Health Services, Third Party Liability Branch, within five days of discovering that a Medically Needy Only recipient received a medical support payment directly from a noncustodial parent, if the local child support agency is enforcing a medical support order specifying a dollar amount for medical purposes.~~

(g) When a Medically Needy Only recipient is no longer eligible for assistance under the Medi-Cal program, a local child support agency shall continue to provide Title IV-D services, and notify the Medically Needy Only recipient in writing within five business days of receipt of the county welfare department's notification of ineligibility, that Title IV-D services shall be continued unless the local child support agency is notified in writing by the Medically Needy Only recipient that services should be discontinued. The notice shall inform the Medically Needy Only recipient of his/her rights and responsibilities of continuing to receive Title IV-D service, including available services and distribution policies.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17400 and 17415, Family Code; Section 14008.6, Welfare and Institutions Code; and 45 Code of Federal Regulations, Sections 302.31, 302.33, 302.51 and 303.31.

(10) Amend Section 112154 to read as follows:

Section 112154. Case Processing—Foster Care Referrals.

Each local child support agency shall:

- (a) Obtain the orders specified in Section 112150(a), as applicable.
- (b) Enforce any existing valid support order(s) established for the family and/or child(ren) subject to foster care assistance.
- (c) Continue to provide Title IV-D services as specified in Section 112150(c).
- (d) Petition the Superior Court to issue an order to show cause, as specified in Section 903.4(c)(1), Welfare and Institutions Code, why an order should not be entered for continuing support and reimbursement.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17400 and 17402, Family Code; Section 11477, Welfare and Institutions Code; 42 United States Code, Section 654; 45 Code of Federal Regulations, Sections 302.33, 302.50, 303.4 and 303.6.

(11) Amend Section 112155 to read as follows:

Section 112155. Case Processing—Non Public Assistance Cases.

(a) A local child support agency shall seek to establish paternity, if necessary, and to obtain an order for current support which shall comply with the statewide uniform guideline specified in Article 2, of Chapter 2, of Part 2, of Division 9, of the Family Code (commencing with Section 4050), and an order for medical support, unless such orders for support of all the minor children already exist.

(b) A local child support agency shall enforce any existing valid support order(s) and/or medical support orders established for the family and/or child(ren) as specified in Division 9 of the Family Code (commencing with Section 3500); Division 17 of the Family Code (commencing with Section 17000); and Title 6.5 of Part 2 of the Code of Civil Procedure (commencing with Section 481.010), Title 9 of Part 2 of the Code of Civil Procedure (commencing with Section 680.010); Title 13 of Part 2 of the Code of Civil Procedure (commencing with Section 901); and Title 5 of Part 3 of the Code of Civil Procedure (commencing with Section 1209).

Authority cited, Sections 17306, 17310 and 17312, Family Code.  
Reference: Section 4055-17400, Family Code; and 45 Code of Federal Regulations, Sections 302.33, 303.4 and 303.6.



(12) Amend Section 112200 to read as follows:

Article 5. Cooperation.

Section 112200. Determining Cooperation.

Each local child support agency shall:

(a) Determine cooperation throughout case processing from a ~~custodial party who is a~~ CalWORKs or Medically Needy Only applicant or recipient throughout case processing who is receiving Title IV-D services. For the purposes of this Article, the following definitions shall apply:

(1) "Applicant or recipient" means a custodial party who is the parent of a child(ren) and who has assigned to a county any rights to support.

(2) "Cooperation" means assistance by an ~~CalWORKs or Medically Needy Only~~ applicant or recipient in all required activities necessary to establish paternity, or to establish, modify or enforce a medical or child support order, unless a finding of good cause has been made as specified in Section 112210.

(b) ~~Such~~ The activities necessary for cooperation shall include all of the following:

(1) Providing the name of the alleged father or noncustodial parent, as well as other information, if known, such as the alleged father's or noncustodial parent's address, Social Security Number, telephone number, place of employment or school, and the names and addresses of relatives.

(2) Providing the information necessary to ~~Completing the most current version of~~ the "Support Questionnaire," form CA 2.1 Q, for each alleged father or noncustodial parent, as required by CDSS, MPP Section 80-310(c)(2).

(3) Appearing at interviews, hearings, and legal proceedings provided the applicant or recipient is provided with forty eight hours advance notice of the interview, hearing, or legal proceeding, unless otherwise governed by the court, and does not have good cause not to appear. The following shall be considered good cause for not appearing:

(A) Death in the immediate family.

(B) Personal illness or injury to the applicant or recipient or authorized representative.

(C) Sudden and unexpected emergencies including but not limited to traffic accidents on the day of the interview, hearing, or legal proceeding and illness or injury of a household or family member who requires immediate care.

(4) Submitting to genetic tests if paternity is at issue.

(5) Providing any additional information about the alleged father or noncustodial parent that is obtainable by the ~~custodial party~~ applicant or recipient.

(~~bc~~) Not require the ~~custodial party~~ applicant or recipient to sign a voluntary declaration of paternity, as specified in Sections 7570 through 7577, Family Code, as a condition of cooperation.

(~~ed~~) Make a finding regarding whether the applicant or recipient could reasonably be expected to assist in all required activities specified in subsection (b). ~~If the custodial party applicant or recipient attests under penalty of perjury that he/she cannot provide the information specified in subsection (a), such assistance, a local child support agency shall determine if the custodial party could reasonably be expected to provide the information.~~ In making ~~such determination~~ the finding, a local child support agency shall consider all of the following:

- (1) The age of the child(ren) for whom support is sought.
- (2) The circumstances surrounding the conception of the child.
- (3) The age or mental capacity of the ~~eustodial party~~applicant or recipient.
- (4) The time that has elapsed since the ~~eustodial party~~applicant or recipient last had contact with the alleged father or noncustodial parent.

(de) Not make a finding of noncooperation for a CalWORKs or Medically Needy Only applicant or recipient before ~~they are~~ he/she is given the opportunity to attest, under penalty of perjury, that he/she have has no further information about the noncustodial parent and the information already provided is complete and accurate to the best of their his/her knowledge and belief.

(ef) Prepare and transmit the ~~most current version of~~ "Referral To Local Child Support Agency," form CW 371, to the county welfare department as notice that the applicant or recipient has failed to cooperate. If the applicant or recipient subsequently cooperates, the local child support agency shall prepare and transmit ~~the most current version of~~ form CW 371 to notify the county welfare department ~~that eligibility may be restored~~ of that fact.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 11477 and 14008.6, Welfare and Institutions Code; and 45 Code of Federal Regulations, Section 264.30.

(13) Amend Section 112210 to read as follows:

Section 112210. Good Cause.

(a) The local child support agency shall suspend Title IV-D services if, ~~subsequent to opening a case,~~ the custodial party requests a good cause review by the county welfare department. Services shall remain suspended until the custodial party requests the resumption of services, or the county welfare department declines to find good cause.

(b) A local child support agency shall ~~discontinue~~ suspend Title IV-D services after the agency is notified by the county welfare department via ~~the most current version~~ of the "Child Support—Good Cause For Noncooperation," form CAW 51, as required by CDSS, of a finding of good cause, as specified in, Sections 11477.04 and 14008.6 Welfare and Institutions Code.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 11477.02 and 14008.6, Welfare and Institutions Code; and 45 Code of Federal Regulations, Section 302.31.

(14) Amend Section 112300 to read as follows:

Article 6. Family Violence.

Section 112300. Screening for Family Violence.

(a) Each local child support agency shall screen all custodial parties and noncustodial parents for family violence, as specified below:

(1) For all new cases, except interstate responding cases, screening shall occur either:

(A) During the initial interview, specified in Sections 112100(e) and 112140; or

(B) If the addresses of either a custodial party or noncustodial parent are unknown, within five business days of receiving locate information about a custodial party or a noncustodial parent.

(2) For all existing, cases screening shall occur either:

(A) Within 60 days of transitioning to an interim child support computer system; or

(B) Within five days of first locating a custodial party or a noncustodial parent.

(b) Except as specified in subsection(a)(1)(A), above, screening shall consist of:

(1) Mailing to a custodial party and a noncustodial parent a domestic violence cover letter #1, "DVCLVR #1", CSS 2140, dated (09/01/01), incorporated by reference herein, and a "Child Support Domestic Violence Questionnaire," form CSS 2142. If a child is in foster care, the forms shall be mailed to both noncustodial parents.

(2) Requiring completion and submission of form 2142 to a local child support agency within 30 days of the date the form was mailed, if a custodial party or noncustodial parent believe that the release of identifying information about him/her to the federal government could result in physical or emotional harm to the party/parent(s), or to the children of the party/parent(s).

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: ~~Sections 17306, 17310 and 17312, Family Code~~ 42, United States Code, Section 602(a)(7) and 45 Code of Federal Regulations, Section 260.52.

(15) Amend Section 112301 to read as follows:

Section 112301. Determining Family Violence.

(a) Each local child support agency shall determine whether there is, or has been, family violence based upon the information on form 2142 provided by a custodial party or a noncustodial parent. When determining family violence, a local child support agency shall consider the following related to the incident(s) of domestic violence and/or child abuse:

- (1) The date(s), time(s) and place(s) of each incident(s).
- (2) The names of persons who witnessed the incident(s).
- (3) Police, government agency or court records or files.
- (4) Documentation from a domestic abuse program.
- (5) Documentation from legal, clerical, medical, or other professionals from whom the custodial party or noncustodial parent sought assistance in dealing with domestic abuse or child abuse.

- (6) Physical evidence of abuse.
- (7) A statement from another individual with knowledge of the circumstances that provide the basis for the claim of abuse.

- (8) Protective orders issued.
- (9) Any other evidence that supports the incident(s) of domestic violence or child abuse.

(b) If form 2142 is returned with the first box in Section III marked indicating the party is requesting nondisclosure of identifying information, but no detailed family

violence information is provided in Section II of the form, a local child support agency shall mail both of the following to the party that submitted the incomplete form 2142:

- (1) A new blank form 2142.
- (2) A domestic violence cover letter #2, "DVCLVR #2," CSS 2144, dated (09/01/01), incorporated by reference herein. Form 2144 shall notify the party that the form 2142 initially submitted did not contain sufficient detail to stop release of information to the federal government and request completion and submission of a new form 2142 to the local child support agency within 30 days from the date of the letter.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: Sections 17306, 17310 and 17312, Family Code 42, United States Code, Section 602(a)(7) and 45 Code of Federal Regulations, Section 260.52.



(16) Amend Section 112302 to read as follows:

Section 112302. Activating a Family Violence Indicator.

(a) A family violence indicator shall be activated by a local child support agency for a custodial party or noncustodial parent and his/her child(ren) that are part of the same case as the parent against whom the custodial party or noncustodial parent is claiming family violence, if a local child support agency has received a completed form 2142 from either the custodial party or noncustodial parent and one of the following applies:

(1) A request for good cause has been granted, as specified in Section 11477.04, Welfare and Institutions Code.

(2) A party to the child support case, or custodial party's or noncustodial parent's child(ren), has/have obtained a protective order.

(3) A party to the child support case, or custodial party's or noncustodial parent's child(ren), has/have indicated there is an increased risk of harm to self or to the child(ren), if information is released.

(4) A local child support agency has reason to believe that the disclosure of information may result in physical or emotional harm to any of the individuals specified in subparagraphs (1) through (3), above.

(b) A local child support agency shall record in its automated system its determination of the existence of family violence within five business days of receipt of a completed form 2142.

(c) Within 30 days of the date a local child support agency records its determination of the existence of family violence in its automated system, or 30 days of

the date by which a custodial party or noncustodial parent(s) should have returned the completed form 2142, but did not, a local child support agency shall submit child support case information, including whether a family violence indicator has been activated, to the Department for subsequent submission to the Federal Case Registry.

NOTE: Authority cited: Sections 17306, 17310 and 17312, Family Code.  
Reference: ~~Sections 17306, 17310 and 17312, Family Code~~ 42, United States Code, Section 602(a)(7) and 45 Code of Federal Regulations, Section 260.52.

(17) Repeal Manual of Policies and Procedures Section 12-103.1 through .24 as follows:

**~~12-103 TIME STANDARDS - CASE INTAKE AND RECORDS 12-103~~**

~~.1 The district attorney shall:~~

~~.11 Make applications for support services readily accessible to the public.~~

~~.12 Provide applications:~~

~~.121 On the day they are requested in person.~~

~~.122 Within five working days of a telephone or written request for one.~~

~~.13 Provide the following information with the application:~~

~~.131 Available services.~~

~~.132 The applicant's rights and responsibilities.~~

~~.133 Fees and cost recovery procedures.~~

~~.134 Distribution policies.~~

~~.14 Accept applications as filed on the day they are received.~~

~~.15 Provide the information specified in Section 12-103.13 within five working days for cases referred from the county welfare department.~~

~~.2 Within 20 calendar days of receipt of referral or application, the district attorney shall:~~

~~.21 Establish a case record which shall contain:~~

~~.211 All documents regarding the case.~~

~~.212 All relevant facts and dates.~~

~~.213 A record of all actions taken and contacts made including the name of the person taking action, the name of any person contacted, and the date of contact.~~

~~.214 Any results of the actions taken and contacts made.~~

~~.22 Solicit any necessary information from the custodial parent.~~

~~.23 Solicit any necessary information from any other relevant sources.~~

~~.24 Initiate verification of the information obtained.~~

~~NOTE: Authority cited: Sections 10553, 10554 and 11475, Welfare and Institutions Code.  
Reference: Section 11479.5, Welfare and Institutions Code; and 45 CFR 302.33(a) and 303.2.~~

(18) Repeal Manual of Policies and Procedures Section 12-110 as follows:

**12-110 CHILD SUPPORT COOPERATION 12-110**

~~The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Section 333), through the passage of Assembly Bill 1542, transfers the responsibility of determining cooperation of an applicant/recipient of child support services from the IV-A (TANF/CalWORKs) agency to the IV-D (Child Support) agency. In California, the child support program is administered by the local district attorney.~~

~~.1 The district attorney shall have staff available in person or by telephone at the county welfare office during the initial eligibility interview, to obtain information necessary to establish, modify, or enforce child support for the purpose of determining applicant/recipient cooperation.~~

~~.2 If the applicant or recipient attests under penalty of perjury that he or she cannot provide the necessary information, the district attorney shall make findings as to the reasonableness of the applicant's/recipient's attestation, or his/her inability to provide requested information. The district attorney shall, prior to the determination of cooperation, consider all of the following when making findings:~~

~~—.21 Age of the child;~~

~~—.22 The circumstances of conception;~~

~~—.23 The age and mental capacity of the parent/caretaker, and~~

~~—.24 The last time the parent/caretaker had contact with the obligor.~~

~~.3 Cooperation includes the following:~~

~~—.31 Providing the name of the alleged parent or obligor and other information about that person if known to the applicant or recipient, such as address, social security number, telephone number, place of employment or school, and the names and addresses of relatives or associates;~~

~~—.32 Appearing at interviews, hearings, and legal proceedings provided the applicant or recipient is provided with reasonable advance notice of the interview, hearing, or legal proceeding, and does not have good cause not to appear (see MPP Division 82, Sections 82-510.13 and 82-510.15);~~

~~—.33 If paternity is at issue, submitting to genetic tests, including genetic testing of the child, if necessary, and~~

~~—.34 Providing any additional information known to, or reasonably obtainable by the applicant or recipient, necessary to establish paternity or to establish, modify, or enforce a child support order.~~

~~.4 The district attorney shall not require an applicant or recipient to sign a voluntary declaration of paternity as a condition of cooperation.~~

~~.5 Upon determination of failure to cooperate with the district attorney in the enforcement and/or establishment of a support obligation, notice shall be given to the county welfare office so that they may take the next appropriate action. (See MPP Division 82, Sections 82-512 through 82-514.)~~

~~NOTE: Authority cited: Section 11475, Welfare and Institutions Code. Reference: Sections 11477(a) and (b), Welfare and Institutions Code and 42 U.S.C. Section 608(a)(2).~~

(19) Repeal Manual of Policies and Procedures Section 12-220 as follows:

**~~12-220 PROGRAM PERFORMANCE STANDARDS - INTAKE 12-220~~**

- ~~.1 The district attorney shall:
  - ~~.11 Meet the time standards for providing applications specified in Section 12-103.1.~~
  - ~~.12 Provide the information listed in Section 12-103.13 within the time standard specified in Section 12-103.15.~~
  - ~~.13 Establish case records in accordance with Section 12-103.2.~~
  - ~~.14 Verify initial information and solicit additional information in accordance with Section 12-103.2.~~~~
- ~~.2 The district attorney shall obtain an application for each case on behalf of families not receiving aid.~~
- ~~.3 The district attorney shall not obtain an application for cases on behalf of families which cease to receive aid but continue to receive Child Support Enforcement Program services.~~
- ~~.4 Program services shall be suspended if the district attorney is notified by the county welfare department of a claim for good cause.
  - ~~.41 Program services shall not be provided if the district attorney is notified by the county welfare department of a final determination of good cause.
    - ~~.411 The district attorney shall proceed with program services if the county welfare department also notifies the district attorney that services may proceed without the participation of the custodial parent.~~~~~~

~~NOTE: Authority cited: Sections 10553, 10554, 11475, and 11479.5, Welfare and Institutions Code. Reference: Sections 11479.5 and 15200.8, Welfare and Institutions Code; and 45 CFR 302.31(b) and (c) and 302.51(e)(3).~~

(20) Repeal form CS 870, "Attestation Statement," as follows:



**ATTESTATION STATEMENT****ATTESTATION TO LACK OF INFORMATION ABOUT THE PARENT(S) OF**

COUNTY NAME \_\_\_\_\_

I, \_\_\_\_\_ have no additional knowledge of the following information about the parent of the child(ren) named in this attestation:

- ☐ 1. I do not know the identity of the parent of the child(ren) because: (state reason(s)) \_\_\_\_\_
- ☐ 2. I have named \_\_\_\_\_ as the parent of the child(ren). However, I do not know the parent(s) residence and/or employer because: (state reason(s)) \_\_\_\_\_
- ☐ 3. I do not have or know any other information that might assist the Local Child Support Agency in identifying or locating the parent of the child(ren), because: (state reason(s) if different) \_\_\_\_\_

In signing this attestation, I declare, under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete. I further understand that Federal and State law provide for penalties of fine and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth when applying for Public Assistance/Medi-Cal or if I conceal or fail to disclose facts regarding the identity, whereabouts or other information concerning the child(ren)'s parent.

**Signed:**

Name \_\_\_\_\_

Date Signed \_\_\_\_\_

**Witnessed by:**

Local Child Support Agency Representative \_\_\_\_\_

Date Signed \_\_\_\_\_

(21) Amend form CS 870, "Attestation Statement" as follows:

# ATTESTATION STATEMENT

## TESTATION TO LACK OF INFORMATION ABOUT THE PARENT(S) OF

COUNTY NAME

I, \_\_\_\_\_ have no additional knowledge of the following information about the parent of the child(ren) named in this attestation:

☐ 1. I do not know the identity of the parent of the child(ren) because: (state reason(s))

☐ 2. I have named \_\_\_\_\_ as the parent of the child(ren). However, I do not know the parent(s) residence and/or employer because: (state reason(s))

☐ 3. I do not have or know any other information that might assist the Local Child Support Agency in identifying or locating the parent of the child(ren), because: (state reason(s) if different)

In signing this attestation, I declare, under penalty of perjury under the laws of the State of California that all the information I have provided is true, correct and complete. I further understand that Federal and State law provide for penalties of fine and/or imprisonment or denial of Public Assistance/Medi-Cal if I do not tell the truth when applying for Public Assistance/Medi-Cal or if I conceal or fail to disclose facts regarding the identity, whereabouts or other information concerning the child(ren)'s parent.

**Signed:**

Name

Date Signed

**Witnessed by:**

Local Child Support Agency Representative

Date Signed

(22) Repeal form CSS 2101, "Application for Support Services" as follows:

**APPLICATION FOR SUPPORT SERVICES**

Page 1 of 5

**SECTION I: IDENTIFYING INFORMATION**

YOUR NAME (First, Middle, Last, Suffix)

☒ CUSTODIAL PARTY  
☐ NONCUSTODIAL PARENT

CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)

CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)

**SECTION II: CHILD(REN) OF THE PARENTS NAMED ABOVE**

List the unmarried dependent child(ren) of the parents named above for whom you are requesting support services. If the mother is pregnant with the child of the father named above, list "UNBORN" as the child's name and the expected due date as the BIRTH DATE.

CHILD'S FULL NAME and ANY OTHER NAMES USED (include Nicknames) First, Middle, Last, Suffix	SEX	ETHNIC GROUP See instructions	BIRTH DATE (MM/DD/YYYY)	SOCIAL SECURITY NUMBER	PLACE OF BIRTH (City, State & Country)
1.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
2.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
3.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
4.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
5.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
6.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
7.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
8.	<input type="checkbox"/> M <input type="checkbox"/> F				
			Is there a court order for support?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	

If child(ren)'s address is different than yours, please complete the information below: (attach additional page if necessary)

CHILD'S LAST AND FIRST NAME

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

CHILD'S LAST AND FIRST NAME

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

**SECTION III: COMPLETE THE FOLLOWING INFORMATION ABOUT THE CUSTODIAL PARTY**

NOTE: The custodial party is the person or party who has primary custody of the children.

FULL NAME (First, Middle, Last)		RELATIONSHIP TO CHILDREN (Mother, Father, Grandparent, Aunt, Uncle, Cousin, Friend, etc.)	
MAIDEN NAME OR OTHER NAME(S) USED			
SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/CCYY)	PLACE OF BIRTH (City, State & Country)	
ETHNIC GROUP (see instructions)	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
WEIGHT	HEIGHT	DRIVERS LICENSE NO.	STATE
PRIMARY LANGUAGE SPOKEN IN HOME Check one: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CHINESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> OTHER			
Can the Custodial Party read and understand English? Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOME ADDRESS: Street, Apt. or Unit No.		TELEPHONE NO. (include area code)	
City, State, Zip Code			
MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address)		MESSAGE TELEPHONE NO. (include area code)	
City, State, Zip Code			
List other child(ren) of the custodial party different from children listed in Section II			
FULL NAME (First, Middle, Last)	SEX	BIRTHDATE OR APPROXIMATE AGE	
1.			
2.			
3.			
EMPLOYER		TELEPHONE NO. (include area code)	
ADDRESS: Street, Apt. or Unit No.			
City, State, Zip Code			
OCCUPATION/JOB TITLE	WAGES \$	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY	
Is Health Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.
Is Dental Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
Is Vision Insurance available for the child(ren) through this employer?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	
**** ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUBO ONLY IF YOU ARE THE PARENT OF THE CHILD(REN) ***			
Have the child(ren) ever received public assistance/welfare or Child Support Services in another State? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
If YES, complete the following: (Attach additional page(s) if needed.)			
STATE	COUNTY	DATE: (Month, Day, Year) From:	To:

**SECTION IV: COMPLETE IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN**

CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S MOTHER
MOTHER'S MAIDEN NAME OR OTHER NAME(S) USED	
CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S FATHER
FATHER'S OTHER NAME(S) USED	

**SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT**

FULL NAME (First, Middle, Last, Suffix)

RELATIONSHIP TO CHILD(REN)

☐ FATHER☐ MOTHER

MAIDEN NAME OR OTHER NAME(S) USED

SOCIAL SECURITY NUMBER(S) (list more than one if necessary)

BIRTH DATE (MM/DD/CCYY)

APPROXIMATE AGE

PLACE OF BIRTH (City, State &amp; Country)

ETHNIC GROUP  
(see instructions)

SEX

Check one: ☐ M ☐ F

COLOR OF HAIR

COLOR OF EYES

WEIGHT

HEIGHT

DRIVER'S LICENSE NO.

STATE

SCARS, MARKS, TATTOOS

PRIMARY LANGUAGE SPOKEN IN HOME

Check one: ☐ ENGLISH ☐ SPANISH ☐ CHINESE ☐ VIETNAMESE ☐ CAMBODIAN ☐ LAOTIAN ☐ OTHERCan the Noncustodial Parent read and understand English? Check one: ☐ YES ☐ NO

CURRENT HOME ADDRESS: Street, Apt. or Unit No.

DATE

City, State, Zip Code

TELEPHONE NO. (include area code)

LAST KNOWN ADDRESS: Street, Apt. or Unit No. (if different from above)

DATE

City, State, Zip Code

TELEPHONE NO. (include area code)

MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address)

DATE

City, State, Zip Code

MESSAGE TELEPHONE NO. (include area code)

Has the Noncustodial Parent ever been arrested? ☐ YES ☐ NO If YES, when (date):

WHERE (City or County and State)

WHY

NONCUSTODIAL PARENT'S CURRENT SPOUSE'S NAME (First, Middle, Last)

NONCUSTODIAL PARENT'S MOTHER'S MAIDEN NAME (First, Middle, Last)

LOCATION OF MOTHER'S RESIDENCE (County &amp; State)

MOTHER'S ADDRESS: Street, Apt. or Unit No., City, State, Zip Code

NONCUSTODIAL PARENT'S FATHER'S NAME (First, Middle, Last)

LOCATION OF FATHER'S RESIDENCE (County &amp; State)

FATHER'S ADDRESS: Street, Apt. or Unit No., City, State, Zip Code

List other child(ren) of the noncustodial parent different from children listed in Section II

FULL NAME (First, Middle, Last)

SEX

BIRTHDATE OR APPROXIMATE AGE

1.

2.

3.

Is the noncustodial parent currently or ever been in the Military? ☐ YES ☐ NO If YES, complete information on the next line.

BRANCH (Army, Air Force, Marines, Coast Guard)

RANK

DATES (Month, Year)

FROM

TO

APPLICATION ID:

**SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT (Continued)**

CURRENT EMPLOYER

TELEPHONE NO. (include area code)

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

OCCUPATION/JOB TITLE

Is Health Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWN  
 Is Dental Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWN  
 Is Vision Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWN

If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

\*\*\*\* ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB IF YOU ARE THE NONCUSTODIAL PARENT\*\*\*\*  
 IF YOU ARE THE CUSTODIAL PARTY AND HAVE A COPY OF THE NONCUSTODIAL PARENT'S PAY STUB, PLEASE ATTACH IT.

UNION NAME

LOCAL NO.

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

IF SELF-EMPLOYED

NAME OF BUSINESS

TYPE OF BUSINESS

PREVIOUS OR ADDITIONAL EMPLOYER

IF PREVIOUS EMPLOYER, DATES (Month, Year)

FROM

TO

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

TELEPHONE NO. (include area code)

OCCUPATION/JOB TITLE

UNION NAME OR LOCAL NO.

Does the noncustodial parent own a car, boat, motorcycle, trailer, etc? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

VEHICLE TYPE

MAKE

MODEL / YEAR

COLOR

LICENSE NO./STATE

Does the noncustodial parent own any real estate? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

LOCATION (City/State)

ADDRESS (Street, Apt. or Unit No.)

TYPE (Residential, Commercial, etc.)

Does the noncustodial parent have any bank accounts? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

BANK/CREDIT UNION

BRANCH

ADDRESS

ACCOUNT NO.

TYPE OF ACCOUNT

☐ CHECKING ☐ SAVINGS☐ CHECKING ☐ SAVINGS☐ CHECKING ☐ SAVINGS☐ CHECKING ☐ SAVINGS

Does the noncustodial parent have any other financial assets, stocks, bonds, etc.? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

LOCATION

TYPE

APPLICATION ID:



**SECTION VI: MARRIAGE & COURT ORDER INFORMATION**

Were the mother and father of the child(ren) married to each other? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE OF MARRIAGE	DATE OF SEPARATION	DATE OF DIVORCE	DIVORCE CASE NO.
------------------	--------------------	-----------------	------------------

LOCATION OF MARRIAGE (City, County, State & Country)

LOCATION OF DIVORCE (City, County, State & Country)

Is there a support order? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

Has an order for paternity been established? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

If you are not the mother or the father of the child(ren), is there a court order granting custody to you? ☐ YES ☐ NO ☐ UNKNOWN  
If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

CUSTODIAL PARTY'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
-----------------------------------	-----------------------------------

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

NONCUSTODIAL PARENT'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
---------------------------------------	-----------------------------------

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

**SECTION VII: COMMENTS**

PROVIDE ADDITIONAL COMMENTS/INFORMATION HERE

**SECTION VIII (MUST BE COMPLETED)**

Read carefully before signing below. Your signature is required in order for us to open a case for you.

I declare under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

APPLICATION ID:  
DATE REQUESTED:

DATE MAILED:

DATE RECEIVED:

CSS 2101 (09/01/01)

APPLICATION ID:

(23) Amend form CSS 2101, "Application for Support Services" as follows:

**APPLICATION FOR SUPPORT SERVICES**

Page 1 of 5

**SECTION I: IDENTIFYING INFORMATION**

YOUR NAME (First, Middle, Last, Suffix) ☐ CUSTODIAL PARTY  
☐ NONCUSTODIAL PARENT

CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)

CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)

**SECTION II: CHILD(REN) OF THE PARENTS NAMED ABOVE**

List the unmarried dependent child(ren) of the parents named above for whom you are requesting support services. If the mother is pregnant with the child of the father named above, list "UNBORN" as the child's name and the expected due date as the BIRTH DATE.

CHILD'S FULL NAME and ANY OTHER NAMES USED (Include Nicknames) First, Middle, Last, Suffix	SEX	ETHNIC GROUP See Instructions	BIRTH DATE (MM/DD/CCYY)	SOCIAL SECURITY NUMBER	PLACE OF BIRTH (City, State & Country)
1.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
2.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
3.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
4.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
5.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
6.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
7.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
8.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					

If child(ren)'s address is different than yours, please complete the information below: (attach additional page if necessary)

CHILD'S LAST AND FIRST NAME

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

CHILD'S LAST AND FIRST NAME

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

**SECTION III: COMPLETE THE FOLLOWING INFORMATION ABOUT THE CUSTODIAL PARTY**

NOTE: The custodial party is the person or party who has primary custody of the children.

FULL NAME (First, Middle, Last)	RELATIONSHIP TO CHILDREN (Mother, Father, Grandparent, Aunt, Uncle, Cousin, Friend, etc.)
---------------------------------	---

MAIDEN NAME OR OTHER NAME(S) USED

SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/CCYY)	PLACE OF BIRTH (City, State & Country)	
ETHNIC GROUP (see instructions)	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
	WEIGHT	HEIGHT	DRIVER'S LICENSE NO.
		STATE	

PRIMARY LANGUAGE SPOKEN IN HOME

Check one: ☐ ENGLISH ☐ SPANISH ☐ CHINESE ☐ VIETNAMESE ☐ CAMBODIAN ☐ LAOTIAN ☐ OTHER \_\_\_\_\_Can the Custodial Party read and understand English? Check one: ☐ YES ☐ NO

HOME ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code	TELEPHONE NO. (include area code)
-----------------------	-----------------------------------

MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address)

City, State, Zip Code	MESSAGE TELEPHONE NO. (include area code)
-----------------------	---

List other child(ren) of the custodial party different from children listed in Section II

FULL NAME (First, Middle, Last)	SEX	BIRTHDATE OR APPROXIMATE AGE
1.		
2.		
3.		

TELEPHONE NO. (include area code)

EMPLOYER

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

OCCUPATION/JOB TITLE

WAGES  
\$PAID: ☐ WEEKLY ☐ BI-WEEKLY ☐ SEMI-MONTHLY ☐ MONTHLYIs Health Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWNIs Dental Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWNIs Vision Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWN

If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

\*\*\*\* ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB ONLY IF YOU ARE THE PARENT OF THE CHILD(REN) \*\*\*\*

Have the child(ren) ever received public assistance/welfare or Child Support Services in another state or county? ☐ YES ☐ NO ☐ UNKNOWN

If YES, complete the following: (Attach additional page(s) if needed.)

STATE	COUNTY	DATES: (Month, Day, Year) From:	To:
-------	--------	------------------------------------	-----

**SECTION IV: COMPLETE IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN**

CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)

YOUR RELATIONSHIP TO THE CHILD(REN)'S MOTHER

MOTHER'S MAIDEN NAME OR OTHER NAME(S) USED

CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)

YOUR RELATIONSHIP TO THE CHILD(REN)'S FATHER

FATHER'S OTHER NAME(S) USED

APPLICATION ID:

**SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT(S)**

FULL NAME (First, Middle, Last, Suffix)

RELATIONSHIP TO CHILD(REN)

☐

FATHER

☐

MOTHER

MAIDEN NAME OR OTHER NAME(S) USED

SOCIAL SECURITY NUMBER(S) (list more than one if necessary)

BIRTH DATE (MM/DD/CCYY)	APPROXIMATE AGE	PLACE OF BIRTH (City, State & Country)	
ETHNIC GROUP (see instructions)	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
WEIGHT	HEIGHT	DRIVER'S LICENSE NO.	STATE

SCARS, MARKS, TATTOOS

PRIMARY LANGUAGE SPOKEN IN HOME

Check one: ☐ ENGLISH ☐ SPANISH ☐ CHINESE ☐ VIETNAMESE ☐ CAMBODIAN ☐ LAOTIAN ☐ OTHER

Can the Noncustodial Parent read and understand English?

Check one: ☐ YES ☐ NO

CURRENT HOME ADDRESS: Street, Apt. or Unit No.

DATE

City, State, Zip Code

TELEPHONE NO. (include area code)

LAST KNOWN ADDRESS: Street, Apt. or Unit No. (if different from above)

DATE

City, State, Zip Code

TELEPHONE NO. (include area code)

MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address)

DATE

City, State, Zip Code

MESSAGE TELEPHONE NO. (include area code)

Has the Noncustodial Parent ever been arrested? ☐ YES ☐ NO If YES, when (date):

WHERE (City or County and State)

WHY

NONCUSTODIAL PARENT'S CURRENT SPOUSE'S NAME (First, Middle, Last)

NONCUSTODIAL PARENT'S MOTHER'S MAIDEN NAME (First, Middle, Last)

LOCATION OF MOTHER'S RESIDENCE (County &amp; State)

MOTHER'S ADDRESS: Street, Apt. or Unit No., City, State, Zip Code

NONCUSTODIAL PARENT'S FATHER'S NAME (First, Middle, Last)

LOCATION OF FATHER'S RESIDENCE (County &amp; State)

FATHER'S ADDRESS: Street, Apt. or Unit No., City, State, Zip Code

List other child(ren) of the noncustodial parent different from children listed in Section II

FULL NAME (First, Middle, Last)

SEX

BIRTHDATE OR APPROXIMATE AGE

1.

2.

3.

Is the noncustodial parent currently or ever been in the Military? ☐ YES ☐ NO If YES, complete information on the next line.

BRANCH (Army, Air Force, Marines, Coast Guard)

RANK

DATES (Month, Year)

FROM

TO

APPLICATION ID:

## SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT(S) (Continued)

CURRENT EMPLOYER

TELEPHONE NO. (include area code)

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

OCCUPATION/JOB TITLE

Is Health Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWN

Is Dental Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWN

Is Vision Insurance available for the child(ren) through this employer? ☐ YES ☐ NO ☐ UNKNOWN

If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

\*\*\*\* ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB IF YOU ARE THE NONCUSTODIAL PARENT\*\*\*\*  
IF YOU ARE THE CUSTODIAL PARTY AND HAVE A COPY OF THE NONCUSTODIAL PARENT'S PAY STUB, PLEASE ATTACH IT.

UNION NAME

LOCAL NO.

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

IF SELF-EMPLOYED

NAME OF BUSINESS

TYPE OF BUSINESS

PREVIOUS OR ADDITIONAL EMPLOYER

IF PREVIOUS EMPLOYER, DATES (Month, Year)

FROM

TO

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

TELEPHONE NO. (include area code)

OCCUPATION/JOB TITLE

UNION NAME OR LOCAL NO.

Does the noncustodial parent own a car, boat, motorcycle, trailer, etc? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

	1	2	3	4
VEHICLE TYPE				
MAKE				
MODEL / YEAR				
COLOR				
LICENSE NO./STATE				

Does the noncustodial parent own any real estate? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

	1	2
LOCATION (City/State)		
ADDRESS (Street, Apt. or Unit No.)		
TYPE (Residential, Commercial, etc.)		

Does the noncustodial parent have any bank accounts? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

	1	2	3	4
BANK/CREDIT UNION				
BRANCH				
ADDRESS				
ACCOUNT NO.				
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Does the noncustodial parent have any other financial assets, stocks, bonds, etc.? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

	1	2	3	4
LOCATION				
TYPE				

APPLICATION ID:

**SECTION VI: MARRIAGE & COURT ORDER INFORMATION**

Were the mother and father of the child(ren) married to each other? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE OF MARRIAGE	DATE OF SEPARATION	DATE OF DIVORCE	DIVORCE CASE NO.
------------------	--------------------	-----------------	------------------

LOCATION OF MARRIAGE (City, County, State & Country)

LOCATION OF DIVORCE (City, County, State & Country)

Is there a support order? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

Has an order for paternity been established? ☐ YES ☐ NO ☐ UNKNOWN If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

If you are not the mother or the father of the child(ren), is there a court order granting custody to you? ☐ YES ☐ NO ☐ UNKNOWN  
If YES, complete the following:

DATE ORDER FILED	COURT ORDER NO.
------------------	-----------------

WHERE ORDER WAS FILED (City, County, State & Country)

CUSTODIAL PARTY'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
-----------------------------------	-----------------------------------

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

NONCUSTODIAL PARENT'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
---------------------------------------	-----------------------------------

ADDRESS: Street, Apt. or Unit No.

City, State, Zip Code

**SECTION VII: COMMENTS**

PROVIDE ADDITIONAL COMMENTS/INFORMATION HERE

**SECTION VIII (MUST BE COMPLETED)**

Read carefully before signing below. Your signature is required in order for us to open a case for you.

I declare under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief.

DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

APPLICATION ID:  
DATE REQUESTED:

DATE MAILED:

DATE RECEIVED:

CSS 2101 (01/02)

APPLICATION ID:

(24) Adopt form CSS 2103, "Information Regarding the Application for Support Services Package" as follows:



## INFORMATION REGARDING THE APPLICATION FOR SUPPORT SERVICES PACKAGE

Our handling of this case depends upon the information you provide on these forms. Provide as much information as possible. If at all possible give both parents' Social Security Numbers . . . you can find it on pay stubs, tax returns, etc. Answer every question in full. If you do not know the answer, print "UNKNOWN." If the question does not apply, print "N/A."

There are several forms to read and complete. The package includes:

- Application for Support Services (CSS 2101)
- Information Regarding the Application for Support Services Package (CSS 2103)
- Child Care Verification (CSS 2105)
- Visitation Verification (CSS 2107)
- Instructions for Completing the Declaration of Support Payment History (CSS 2109)
- Declaration of Support Payment History (CSS 2109)
- Health Insurance Information (CSS 2111)
- Request for Support Services (CSS 2115)
- Child Support Domestic Violence Questionnaire (form 2142)
- Child Support Enforcement Program Notice (CS 196)
- Income and Expense Declaration (1285.50)
- Child Support Handbook (Pub. 160)

Instructions have been provided for the application form and the Declaration of Support Payment History.

Before you begin, please read the Child Support Handbook. This book will explain the services available through the local child support agency.

Also read the Child Support Enforcement Program Notice. This notice will explain your responsibility to the local child support agency and the local child support agency's responsibility to you.

Please complete all the forms in **BLACK INK** and **PRINT** clearly.

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SUPPORT SERVICES

### SECTION I IDENTIFYING INFORMATION

If the children named in the application have different noncustodial parents a separate application must be completed for each noncustodial parent. If you need additional space for any section, attach a separate piece of paper or use Section VII.

### SECTION II CHILD INFORMATION

List all the children of the parents named in Section I for whom support services are being requested. Complete the full name of each child; first name, middle name, last name, and suffix (Jr., Sr., III, etc.).

Ethnic Group - please indicate the group each person identifies with:

(B) African American	(G) Guamanian	(L) Laotian
(I) American Indian/Alaskan Native	(U) Hawaiian	(A) Other Asian
(D) Cambodian	(H) Hispanic	(P) Pacific Islander
(W) Caucasian	(N) Indian	(S) Samoan
(C) Chinese	(J) Japanese	(V) Vietnamese
(F) Filipino	(K) Korean	(O) Other

Also, use the above list to indicate the ethnic group that the custodial party and the noncustodial parent identify with in Sections III and V.

### SECTION III INFORMATION ABOUT THE CUSTODIAL PARTY

This section is about the person or party who has primary custody of the children. Complete the entire section. If you are the custodial party, be sure to give us a phone number where you may be reached during the day.

### SECTION IV IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN

Complete this section if you are an aunt, uncle, grandmother, unrelated caretaker, etc. to the children. You will need to complete two Applications for Service, one for the mother as a noncustodial parent and one for the father as a noncustodial parent. Be sure you have completed Section II and the information is about you.

### SECTION V INFORMATION ABOUT THE NONCUSTODIAL PARENT

This section is very long and may require you to look through old papers to find some of the information requested. The more information we have in this section the better we will be able to serve you.

Section V, page 3 - if at all possible, provide the noncustodial parent's Social Security Number or numbers. If you do not know the exact date of birth, provide the approximate age.

Section V, page 4 - provide any and all financial information about the noncustodial parent. Attach additional page(s) as needed or use Section VII, page 5.

## SECTION VI MARRIAGE/ORDER INFORMATION

Complete this section whether or not YOU were married to the other parent. Answer each question as it relates to the mother and the father of the children. If you and/or the other parent were represented by an attorney for divorce, custody or guardianship, please list the attorney's name and address.

## SECTION VII COMMENTS

You may use this section as extra space, if needed, or add any additional information you think might help us establish or enforce an order for the children. You may include information about the other person's temper; whether they own rifles or handguns; if they have made threats against you or the children, etc.

## SECTION VIII SIGNATURE PAGE

Read this page very carefully. We will not be able to open this case without your signature.

Your signature indicates that you have answered the questions on the application to the best of your ability and that you want to open this case. It also indicates that you have read the information provided above the signature line; that you understand your responsibility for providing information to the local child support agency; and that the local child support attorneys or Attorney General or any of their representatives are not your attorney or the children's attorney.

## ADDITIONAL FORMS TO BE COMPLETED

1. **Request for Support Services** - complete, sign and date.
2. **Child Care Verification** - take form to child care provider to complete and sign. This helps the Local Child Support Agency compute child support amounts.
3. **Visitation Verification** - complete and sign. This also helps the local child support agency compute child support amounts.
4. **Health Insurance Information** - complete to the best of your knowledge.
5. **Declaration of Support Payment History** - complete, sign and date. Separate instructions are included for this form.
6. **Child Support Domestic Violence Questionnaire** - complete, sign and date.
7. **Income and Expense Declaration** - complete, sign and date.

PLEASE PROVIDE COMPLETED FORMS  
TO  
YOUR LOCAL CHILD SUPPORT AGENCY

(25) Adopt form CSS 2105, "Child Care Verification" as follows:

**CHILD CARE VERIFICATION**

APPLICANT NAME: \_\_\_\_\_

I am the ☐ Custodial Party ☐ Noncustodial Parent

APPLICANT: Give your child care provider this form to complete. Attach any receipts or copies of canceled checks for child care that you may have.

CHILD CARE PROVIDER: Complete the appropriate section(s) for the children of the above named applicant for whom you provide child care.

**SECTION I:****INFANT & PRE-SCHOOL CHILDREN**

Name of Provider/Day Care Center \_\_\_\_\_

Address \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Person or persons who pay(s) you for childcare \_\_\_\_\_

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____	Amount \$ _____	(Circle One) per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Total: \$ _____		per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(Signature of Child Care Provider)

**SECTION II:****SCHOOL-AGE CHILDREN**

A. For child care provided during regular school sessions:

Name of Provider/Day Care Center \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Person or persons who pay(s) you for childcare \_\_\_\_\_

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____	Amount \$ _____	(Circle One) per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Total: \$ _____		per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

(Signature of Child Care Provider)

**CONTINUED ON REVERSE**

## SECTION II:

SCHOOL-AGE CHILDREN continued

B. For summer/vacation care for school-age children, attach receipts or canceled checks only.  
Include these amounts in the information specified below.

Name of Provider/Day Care Center \_\_\_\_\_  
Address \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Name of Person or persons who pay(s) you for childcare \_\_\_\_\_

Name of the children of this parent for whom you provide care and the amount you receive.

		(Circle One)
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
Child _____	Amount \$ _____	per week/month/day
	Total: \$ _____	per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
(Signature of Child Care Provider)

Date: \_\_\_\_\_

- (26) Adopt form CSS 2107, "Visitation Verification" as follows:

## VISITATION VERIFICATION

## NAME OF PERSON COMPLETING FORM: \_\_\_\_\_

I am the ☐ Custodial Party ☐ Noncustodial Parent

## Part 1. ACTUAL VISITATION BY THE NONCUSTODIAL PARENT

INSTRUCTIONS: Complete the visitation history for the past 12 months by filling in the number of hours per month the noncustodial parent actually visited with the children.

Example: If the last 12 months are June of 2000 through May of 2001, you will complete June through December on the left side of the chart below. You would put 2000 for the year. Then you would complete the right side of the chart with January through May and enter 2001 for the year.

YEAR \_\_\_\_\_

YEAR \_\_\_\_\_

MONTH	NO. OF HOURS PER MONTH	MONTH	NO. OF HOURS PER MONTH
January		January	
February		February	
March		March	
April		April	
May		May	
June		June	
July		July	
August		August	
September		September	
October		October	
November		November	
December		December	
TOTAL		TOTAL	

## Part 2. SHARED CUSTODY/VISITATION ARRANGEMENTS

CHECK ONE: ☐ Shared Custody ☐ Visitation Only ☐ None

Please describe custody/visitation arrangements:

Visitation Hours: From (specify day of the week) \_\_\_\_\_ at (specify time) \_\_\_\_\_ a.m./p.m. (Circle One)

To (specify day of the week) \_\_\_\_\_ at (specify time) \_\_\_\_\_ a.m./p.m. (Circle One)

Overnight Visitation? ☐ Yes ☐ NoIs this custody/visitation arrangement court-ordered? ☐ Yes ☐ No

I declare to the best of my knowledge and belief that the above information is true and correct. I am aware that this may be provided to the other parent for their verification and that either party may be required to provide documentation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



- (27) Adopt form CSS 2109, "Declaration of Support Payment History" as follows:

Person completing this form (name): \_\_\_\_\_  
I am the ☐ Custodial Party ☐ Noncustodial Parent  
Support Payment History For (check one): ☐ Child ☐ Spousal ☐ Family ☐ Medical  
☐ Unreimbursed medical expenses ☐ Other (specify): \_\_\_\_\_

	YEAR _____	AMOUNT ORDERED	AMOUNT PAID	YEAR _____	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

	YEAR _____	AMOUNT ORDERED	AMOUNT PAID	YEAR _____	AMOUNT ORDERED	AMOUNT PAID
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am aware that this may be provided to the other parent for their verification and that either party may be required to provide documentation.

## INSTRUCTIONS FOR COMPLETING THE DECLARATION OF SUPPORT PAYMENT HISTORY

The reverse of this page is your declaration of the support payment history for your case. You are asked to complete a month-by-month, year-by-year breakdown of the amounts of support that were due (ordered by the court) and the amount of each payment that was made. These figures will help determine the amount of past due support owed, if any.

You must complete a separate page (or pages) for child support, spousal support, family support, medical support, unreimbursed medical expenses, and other types of support not listed. **DO NOT combine child support and spousal support unless your court order combines the two support payments into a "family" support order.**

In the Amount Ordered column, fill in the amount of support that became due each month since your court order began. If there has been a change in your court order, make sure each month reflects the correct amount of support due.

In the Amount Paid column, indicate a dollar amount of support paid in that month. If more than one payment was made in a given month, put the total dollar amount of support paid. **Put the dollar amounts next to the month in which the payment was actually made, and not the month or months which those payments were intended to cover.** You may attach additional sheets as necessary.

Be aware that this declaration is not confidential and may be given to the other parent in your case for review. If there is a disagreement regarding the payment history, the parties may be required to present proof of payments in the form of canceled checks, receipts, etc.

Complete this Declaration neatly and correctly to make sure there is no mistake nor confusion as to the amounts of past due support owed, if any.

(28) Adopt form CSS 2111, "Health Insurance Information" as follows:

**HEALTH INSURANCE INFORMATION**

Page 1 of 2

FULL NAME (First, Middle, Last, Suffix)

☐ CUSTODIAL PARTY☐ NONCUSTODIAL PARENT**SECTION I: YOUR INSURANCE**

Complete this section if your insurance is provided or available through your employer or a private policy maintained by you and not the other parent. Section II is about the insurance provided by the other parent.

**HEALTH INSURANCE**

Do you currently have Health Insurance coverage? ☐ YES ☐ NO If YES, complete the following information.

HEALTH INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT

CHECK ONE:

☐

WEEKLY

☐

BI-WEEKLY

☐

SEMI-MONTHLY

☐

MONTHLY

AMOUNT PAID BY EMPLOYER

AMOUNT PAID BY YOU

CHECK ONE:

☐

WEEKLY

☐

BI-WEEKLY

☐

SEMI-MONTHLY

☐

MONTHLY

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY HEALTH INSURANCE

DEPENDENT'S POLICY NO.

1.

2.

3.

4.

5.

6.

7.

8.

☐ Check here if names & policy numbers of additional dependents covered by Health Insurance are listed on a separate sheet attached.

**DENTAL INSURANCE**

Do you currently have Dental Insurance coverage? ☐ YES ☐ NO If YES, complete the following information.

DENTAL INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT

CHECK ONE:

☐

WEEKLY

☐

BI-WEEKLY

☐

SEMI-MONTHLY

☐

MONTHLY

AMOUNT PAID BY EMPLOYER

AMOUNT PAID BY YOU

CHECK ONE:

☐

WEEKLY

☐

BI-WEEKLY

☐

SEMI-MONTHLY

☐

MONTHLY

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY DENTAL INSURANCE

DEPENDENT'S POLICY NO.

1.

2.

3.

4.

5.

6.

7.

8.

☐ Check here if names & policy numbers of additional dependents covered by Dental Insurance are listed on a separate sheet attached.

**VISION INSURANCE**Do you currently have Vision Insurance coverage? ☐ YES ☐ NO If YES, complete the following information.

VISION INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

POLICY NO.

PREMIUM DEDUCTION AMOUNT

CHECK ONE:

☐

WEEKLY

☐

BI-WEEKLY

☐

SEMI-MONTHLY

☐

MONTHLY

AMOUNT PAID BY EMPLOYER

AMOUNT PAID BY YOU

CHECK ONE:

☐

WEEKLY

☐

BI-WEEKLY

☐

SEMI-MONTHLY

☐

MONTHLY

NAME(S) OF DEPENDENTS CURRENTLY COVERED BY VISION INSURANCE

DEPENDENT'S POLICY NO.

1.

2.

3.

4.

5.

6.

7.

8.

☐

Check here if names &amp; policy numbers of additional dependents covered by Vision Insurance are listed on a separate sheet attached.

**SECTION II: OTHER PARENT'S INSURANCE****HEALTH INSURANCE**Does the other parent currently provide Health Insurance coverage for the children or you? ☐ YES ☐ NO If YES, complete the following information.

HEALTH INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

**DENTAL INSURANCE**Does the other parent currently provide Dental Insurance coverage for the children or you? ☐ YES ☐ NO If YES, complete the following information.

DENTAL INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

**VISION INSURANCE**Does the other parent currently provide Vision Insurance coverage for the children or you? ☐ YES ☐ NO If YES, complete the following information.

VISION INSURANCE COMPANY

INSURANCE COMPANY'S ADDRESS: Street, Apt. or Unit No. (Address where claims are mailed)

City, State, Zip Code

LCSA Case No.:

- (29) Repeal form CSS 2115, "Request for Support Services" as follows:

# REQUEST FOR SUPPORT SERVICES

**INSTRUCTIONS:** Read carefully before signing each of the areas below. Your signature is required in order for us to open a case for you.

I request the services of the local child support agency to assist in my efforts to locate the noncustodial parent, establish paternity and/or secure support for the children listed in Section II.

I am applying for these services under the Child Support Enforcement Program under Title IV-D of the Social Security Act.

I will notify the Local Child Support Agency immediately of any of the following events:

- When each child marries, reaches age 19 or reaches age 18 and is not a full-time student, whichever occurs first.
- Any change in my residence address, mailing address, or telephone number.
- Any change in my employer, including name, address and telephone number.
- Any change in the status, cost or availability of health insurance coverage.
- Any information regarding the whereabouts of the other parent(s).
- When the parent(s) move back in together with the children.
- Any change in the custody of the children.

I am aware that the local child support agency and the Attorney General do not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency or the Attorney General, and myself, the other parent, or the children. No attorney-client relationship will arise if the local child support agency or the Attorney General provides the support services I have requested.

I declare under penalty of perjury that I have read, understand and agree to all of the terms specified above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your signature below acknowledges that you are aware that any amounts overpaid to you may not be deducted from future support payments sent to you unless you consent in writing at the time, which consent may be revoked at any time. However if you do not consent to repay the overpayment to the county by a deduction from future support, the local child support agency is authorized to use the collection of the last unassigned arrearage payment to repay the overpayment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



(30) Amend form CSS 2115, "Request for Support Services" as follows:

# REQUEST FOR SUPPORT SERVICES

**INSTRUCTIONS:** Read carefully before signing each of the areas below. Your signature is required in order for us to open a case for you.

I request the services of the local child support agency to assist in my efforts to locate the noncustodial parent, establish paternity and/or secure support for the children listed in Section II.

I am applying for these services under the Child Support Enforcement Program under Title IV-D of the Social Security Act.

I will notify the Local Child Support Agency immediately of any of the following events:

- When each child marries, reaches age 19 or reaches age 18 and is not a full-time student, whichever occurs first.
- Any change in my residence address, mailing address, or telephone number.
- Any change in my employer, including name, address and telephone number.
- Any change in my income.
- Any change in the status, cost or availability of health insurance coverage.
- Any information regarding the whereabouts of the other parent(s).
- When the parent(s) move back in together with the children.
- Any change in the custody of the children.
- Any change in child care.

*I am aware that the local child support agency and the Attorney General do not represent me, the other parent, or the children who are the subject of this case. No attorney-client relationship exists between the local child support agency or the Attorney General, and myself, the other parent, or the children. No attorney-client relationship will arise if the local child support agency or the Attorney General provides the support services I have requested.*

I declare under penalty of perjury that I have read, understand and agree to all of the terms specified above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your signature below acknowledges that you are aware that any amounts overpaid to you may not be deducted from future support payments sent to you unless you consent in writing at the time, which consent may be revoked at any time. However if you do not consent to repay the overpayment to the county by a deduction from future support, the local child support agency is authorized to use the collection of the last unassigned arrearage payment to repay the overpayment.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(31) Repeal form CSS 2142, "Child Support Domestic Violence Questionnaire" as follows:

# CHILD SUPPORT DOMESTIC VIOLENCE QUESTIONNAIRE

**NOTICE:** If you do not complete and return this form, the federal government will release information about you or your child's whereabouts to other child support agencies, and possibly to the child's other parent.

Your name: \_\_\_\_\_

Case No. \_\_\_\_\_

Other party's name: \_\_\_\_\_

## SECTION I: Check the appropriate box for each of the questions.

1. Have you or a child in your care ever been a victim of domestic violence or child abuse committed by the other party to your child support case? ☐ Yes ☐ No
2. Have you ever obtained a restraining order, emergency protective order or stay away order against the other party to your child support case? ☐ Yes ☐ No  
If "Yes", please attach a copy of this order and provide the following information:  
County/State: \_\_\_\_\_ Court Case Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
3. If you or a child in your care receive public assistance, do you want to claim "Good Cause" because of increased risk of physical, sexual, or emotional harm to you or your child, and request that the welfare department authorize that your support case be closed? ☐ Yes ☐ No

## SECTION II: You MUST complete this section if you answered "yes" to any item in Section I.

Please provide detailed domestic violence information including dates, times, places and witnesses (Attach additional pages if needed.)


## SECTION III: Check the appropriate box, sign, date and return the form to the local child support agency.

- ☐ The disclosure of my address or other information identifying my location could be harmful to me or the child(ren) in my care. I am requesting that my address or other identifying information not be given to the other party in this case. This request for non-disclosure of information will remain in effect until I notify the local child support agency in writing, and the office that manages my case acknowledges that they have received my request. I understand that under federal law, an authorized person may submit a written request to the court which has jurisdiction to make or enforce child custody or visitation determinations. I will be notified in writing by the local child support agency if the court orders the release of information on my case.
- ☐ The disclosure of my address or other information identifying my location is not harmful to me or the child(ren) in my care. I understand this information will be made available to the federal government, courts, child support agencies and sometimes to the other parent of the child(ren).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature \_\_\_\_\_

(32) Amend form CSS 2142, "Child Support Domestic Violence Questionnaire" as follows:

# CHILD SUPPORT DOMESTIC VIOLENCE QUESTIONNAIRE

**NOTICE:** If you do not complete and return this form, the federal government will release information about you or your child's whereabouts to other child support agencies, and possibly to the child's other parent.

Your name: \_\_\_\_\_

Case No.: \_\_\_\_\_

Other party's name: \_\_\_\_\_

## SECTION I: Check the appropriate box for each of the questions.

1. Have you or a child in your care ever been a victim of domestic violence or child abuse committed by the other party to your child support case? ☐ Yes ☐ No
2. Have you ever obtained a restraining order, emergency protective order or stay away order against the other party to your child support case? ☐ Yes ☐ No  
If "Yes", please attach a copy of this order and provide the following information:  
County/State: \_\_\_\_\_ Court Case Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
3. If you or a child in your care receive public assistance, do you want to claim "Good Cause" because of increased risk of physical, sexual, or emotional harm to you or your child, and request that the welfare department authorize that your support case be closed? ☐ Yes ☐ No

## SECTION II: You MUST complete this section if you answered "yes." to any item in Section I.

Please provide detailed domestic violence information including dates, times, places and witnesses (Attach additional pages if needed.)


## SECTION III: Check the appropriate box, sign, date and return the form to the local child support agency.

- ☐ The disclosure of my address or other information identifying my location could be harmful to me or the child(ren) in my care. I am requesting that my address or other identifying information not be given to the other party in this case. This request for non-disclosure of information will remain in effect until I notify the local child support agency in writing, and the office that manages my case acknowledges that they have received my request. I understand that under federal law, an authorized person may submit a written request to the court which has jurisdiction to make or enforce child custody or visitation determinations. I will be notified in writing by the local child support agency if the court orders the release of information on my case.
- ☐ The disclosure of my address or other information identifying my location is not harmful to me or the child(ren) in my care. I understand this information will be made available to the federal government, courts, child support agencies and sometimes to the other parent of the child(ren).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

- (33) Repeal form CS 196, "Child Support Services Program Notice" as follows:

## CHILD SUPPORT SERVICES PROGRAM NOTICE

### WHAT CHILD SUPPORT CAN DO FOR YOU:

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not he or she receives public assistance, can apply for support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity (legal fatherhood);
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

### CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE LOCAL CHILD SUPPORT AGENCY PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT, THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE.

### SOCIAL SECURITY NUMBER DISCLOSURE

The information in your case may be discussed or given to the State, the Department of Child Support Services, other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law. The local child support agency is required, under Section 466(a)(13) of the Social Security Act, to include in child support records the Social Security Number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgment. Social Security number information is mandatory and will be kept on file at the local child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

### COOPERATION WITH CHILD SUPPORT

When you request services, you must cooperate with the local child support agency by providing any information or documents needed to establish paternity and/or locate the other parent and to get support payments for your child. Once the services of the local child support agency have been requested, the local child support agency will determine the appropriate actions to take. All support payments must be turned over to the local child support agency.

When you apply for, or receive, support services, you are responsible for promptly informing the local child support agency of any changes in circumstance or information. Some examples are:

- child leaves the home;
- telephone number or address changes (including a move to another State, County or Country);
- stopping public assistance (CalWORKs);
- name change;
- initiation of divorce or legal proceedings;
- information regarding the noncustodial parent;
- direct receipt of any child, spousal, or family support payment.



## YOUR RIGHTS

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you hire an attorney, you must tell the local child support agency. For free legal assistance, you may contact the Superior Court's Office of the Family Law Facilitator.

If you have a support order in the State of California, you can ask the local child support agency to review your support order to determine if the amount of support should be changed based on statewide guidelines. If the amount of support does not meet guidelines for change, the local child support agency must give you or the other parent, upon request, information on how to get the forms to request the court to change the amount of support ordered. The local child support agency must also tell you of the initial date, time and purpose of every hearing for paternity or support. You also have the right to read the county clerk's file, unless that information is legally prohibited by confidentiality requirements.

You or the other parent may raise issues concerning support, custody, visitation, and restraining orders. The local child support agency will give you copies of the most recent order entered in your case. You can go to court to enforce your support order, but you must give the local child support agency advance notice that you intend to file your own enforcement action. If the local child support agency does not respond to your notice within 30 days or if the local child support agency tells you that you can proceed, you can then file your own enforcement action as long as all support is payable through the local child support agency.

The local child support agency must have the permission of a non-public assistance recipient before filing a stipulation affecting the support order in which that person is named as a party. The local child support agency cannot, without a public assistance recipient's consent, enter into a stipulation that will decrease the amount of over due support when the recipient is owed over due support that is more than the unreimbursed public assistance.

The payments received by the local child support agency are applied in the following order\*:

1. Current monthly support;
2. Interest;
3. Past due support - first non-welfare arrears, then welfare arrears; and
4. Future obligations.

\* Federal income tax refunds owed to the noncustodial parent can be intercepted by the local child support agency, and are applied differently than other payments received by the local child support agency. By Federal law, this money cannot be applied to current child/spousal/family/medical support obligations. It must be applied to the past due child support. If a custodial parent has received public assistance, including Medi-Cal, the past due child support owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE AN APPLICATION FEE AND DOES NOT CHARGE FOR THE CHILD SUPPORT SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COST FOR GENETIC TESTS MAY BE CHARGED.

## NOTICE OF COLLECTIONS AND DISTRIBUTION

You will get a Notice of Collections and Distribution of support payments every month from the local child support agency. The Notice will show you all support that was collected and paid out during the time period shown on the Notice. You will not receive a Notice of Collections and Distribution in a month that no support was received or paid out.

## MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires one or both parents to provide health insurance if health insurance is available at reasonable cost. In general, the cost of health insurance is reasonable if it is employment-related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost to the parent(s) of the health insurance.

The local child support agency will ask the court to establish or modify a child support order to require the parent(s) to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the local child support agency modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligations. If the noncustodial parent is ordered to provide health insurance coverage, the local child support agency will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the local child support agency receives the policy information, a copy will be given to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to tell your county CalWORKs department, your health care provider, and/or the local child support agency. Failure to provide this information is a misdemeanor. You must report to your CalWORKs eligibility worker and/or local child support agency within ten days when your private health coverage changes or stops. You must also tell your CalWORKs eligibility worker and/or the local child support agency about any court order regarding health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits for you, unless you have filed and the County CalWORKs department has approved a claim of "good cause" (CA 51) for not cooperating. Your children will still be eligible for Medi-Cal. Also, all child support services will be given, unless you tell the local child support agency that you do not want services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the local child support agency will establish paternity only.

Under Federal law [42 U.S.C. Section 1396A (25)], health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

The service provider will bill Medi-Cal. Medi-Cal will pay the service provider. Then Medi-Cal will seek repayment from the other health coverage. You are not responsible for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you must use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

FOR MORE INFORMATION ON CHILD SUPPORT SERVICES PLEASE REFER TO YOUR  
CHILD SUPPORT HANDBOOK

### NONDISCRIMINATION STATEMENT

It is the policy of the State of California to ensure that all individuals are treated equally and that no person shall, on the basis of ethnic group identification, race, color, national origin, political affiliation or belief, religion, sex, age or disability be excluded from participation in, denied the benefits of any program or service, or otherwise be subjected to treatment that is different than that provided to others.

Each local child support agency has a designated Civil Rights Coordinator. Any applicant/recipient who feels they have been subjected to discriminatory treatment may file a complaint of discrimination by first contacting the local child support agency's designated Civil Rights Coordinator or by writing to the California Department of Child Support Services, Attn: Human Services Section, Civil Rights Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064 or telephone (916) 464-5200.

- (34) Amend form CS 196, "Child Support Services Program Notice" as follows:

## CHILD SUPPORT SERVICES PROGRAM NOTICE

### WHAT CHILD SUPPORT CAN DO FOR YOU:

All children have the right to be supported by both parents. Any person, including a noncustodial parent, whether or not he or she receives public assistance, can apply for support services. Some of the available services are as follows:

- locating the parent(s) for support enforcement purposes;
- establishing paternity (legal fatherhood);
- establishing a child and/or medical support (health insurance) order;
- enforcing a child and/or medical support order;
- modifying an existing court order for child and/or medical support;
- enforcing a spousal support order in conjunction with a child support order;
- collecting and distributing support payments.

### CUSTODY AND VISITATION SERVICES ARE NOT PROVIDED

THE LOCAL CHILD SUPPORT AGENCY PROVIDES SERVICES ON BEHALF OF THE STATE OF CALIFORNIA. THEY DO NOT REPRESENT YOU AND ARE NOT YOUR ATTORNEY. BECAUSE YOU ARE NOT THEIR CLIENT, THE INFORMATION YOU PROVIDE IS NOT CONFIDENTIAL UNDER ATTORNEY/CLIENT PRIVILEGE.

### SOCIAL SECURITY NUMBER DISCLOSURE

The information in your case may be discussed or given to the State, the Department of Child Support Services, other public agencies that can legally receive such information, and to the other parent or his/her attorney to the extent required by law. The local child support agency is required, under Section 466(a)(13) of the Social Security Act, to include in child support records the Social Security Number of any individual who is subject to a divorce decree, support order or paternity determination or acknowledgment. Social Security number information is mandatory and will be kept on file at the local child support agency to locate individuals for the purpose of establishing, modifying and enforcing child support obligations. Enrolling a child in health insurance may require the release of the child's Social Security Number and mailing address to the other parent's employer or the release of the child's Social Security Number to the other parent.

### COOPERATION WITH CHILD SUPPORT

When you request services, you must cooperate with the local child support agency by providing any information or documents needed to establish paternity and/or locate the other parent and to get support payments for your child. Once the services of the local child support agency have been requested, the local child support agency will determine the appropriate actions to take. All support payments must be turned over to the local child support agency.

When you apply for, or receive, support services, you are responsible for promptly informing the local child support agency of any changes in circumstance or information. Some examples are:

- child leaves the home;
- telephone number or address changes (including a move to another State, County or Country);
- stopping public assistance (CalWORKs);
- name change;
- initiation of divorce or legal proceedings;
- information regarding the noncustodial parent;
- direct receipt of any child, spousal, or family support payment.

## YOUR RIGHTS

You have the right to seek legal advice from a private attorney or legal aid group at your own expense. If you hire an attorney, you must tell the local child support agency. For free legal assistance, you may contact the Superior Court's Office of the Family Law Facilitator, or free legal services maybe available at the local legal services office.

If you have a support order in the State of California, you can ask the the local child support agency to review your support order to determine if the amount of support should be changed based on statewide guidelines. If the amount of support does not meet guidelines for change, the local child support agency must give you or the other parent, upon request, information on how to get the forms to request the court to change the amount of support ordered. The local child support agency must also tell you of the initial date, time and purpose of every hearing for paternity or support. You also have the right to read the county clerk's file, unless that information is legally prohibited by confidentiality requirements.

You or the other parent may raise issues concerning support, custody, visitation, and restraining orders. The local child support agency will give you copies of the most recent order entered in your case. You can go to court to enforce your support order, but you must give the local child support agency advance notice that you intend to file your own enforcement action. If the local child support agency does not respond to your notice within 30 days or if the local child support agency tells you that you can proceed, you can then file your own enforcement action as long as all support is payable through the local child support agency.

The local child support agency must have the permission of a non-public assistance recipient before filing a stipulation affecting the support order in which that person is named as a party. The local child support agency can not, without a public assistance recipient's consent, enter into a stipulation that will decrease the amount of over due support when the recipient is owed over due support that is more than the unreimbursed public assistance.

The payments received by the local child support agency are applied in the following order\*:

1. Current monthly support;
2. Interest;
3. Past due support - first non-welfare arrears, then welfare arrears; and
4. Future obligations.

\*Federal income tax refunds owed to the noncustodial parent can be intercepted by the local child support agency, and are applied differently than other payments received by the local child support agency. By Federal law, this money cannot be applied to current child/spousal/family/medical support obligations. It must be applied to the past due child support. If a custodial parent has received public assistance, including Medi-Cal, the past due child support owed to the State/County will be paid first.

CALIFORNIA DOES NOT CHARGE AN APPLICATION FEE AND DOES NOT CHARGE FOR THE CHILD SUPPORT SERVICES PROVIDED TO APPLICANTS. HOWEVER, SOME STATES DO CHARGE A FEE FOR SERVICES. IF YOUR CASE INVOLVES ONE OF THOSE STATES, THEY MAY DEDUCT THE FEE FROM THE SUPPORT PAYMENTS, OR ADD IT TO THE BALANCE THAT IS OWED. IN ADDITION, IN SOME SITUATIONS, COST FOR GENETIC TESTS MAY BE CHARGED.

## NOTICE OF COLLECTIONS AND DISTRIBUTION

You will get a Notice of Collections and Distribution of support payments every month from the local child support agency. The Notice will show you all support that was collected and paid out during the time period shown on the Notice. You will not receive a Notice of Collections and Distribution in a month that no support was received or paid out.

## MEDICAL SUPPORT AND MEDI-CAL

Every child is entitled to a court order that requires one or both parents to provide health insurance if health insurance is available at reasonable cost. In general, the cost of health insurance is reasonable if it is employment-related group health insurance or other group health insurance. However, in determining reasonable cost, the court will also consider the actual cost to the parent(s) of the health insurance.

The local child support agency will ask the court to establish or modify a child support order to require the parent(s) to provide health insurance if it is available at reasonable cost. The custodial parent may also request that the local child support agency modify the child support order to include a provision for health insurance. This may affect the amount of the monthly child support obligations. If the noncustodial parent is ordered to provide health insurance coverage, the local child support agency will contact the noncustodial parent and his or her employer, if necessary, to secure health insurance for the child. After the local child support agency receives the policy information, a copy will be given to the custodial parent.

Having private health insurance coverage does not prevent you from having Medi-Cal coverage. If you receive Medi-Cal and have individual or group health private coverage (including dental or vision coverage), you are required by Federal and State law to tell your county CalWORKs department, your health care provider, and/or the local child support agency. Failure to provide this information is a misdemeanor. You must report to your CalWORKs eligibility worker and/or local child support agency within ten days when your private health coverage changes or stops. You must also tell your CalWORKs eligibility worker and/or the local child support agency about any court order regarding health insurance.

If you are only receiving Medi-Cal benefits, you must cooperate in establishing paternity and obtaining medical support as a condition of continued eligibility for Medi-Cal benefits for you, unless you have filed and the County CalWORKs department has approved a claim of "good cause" (CA 51) for not cooperating. Your children will still be eligible for Medi-Cal. Also, all child support services will be given, unless you tell the local child support agency that you do not want services that are unrelated to obtaining medical support and establishing paternity. Obtaining medical support may reduce the amount of child support you receive. In cases where both parents are in the home, the local child support agency will establish paternity only.

Under Federal law [42 U.S.C. Section 1396A (25)], health insurance belonging to a Medi-Cal recipient in a child or medical support enforcement case is used as follows:

The service provider will bill Medi-Cal. Medi-Cal will pay the service provider. Then Medi-Cal will seek repayment from the other health coverage. You are not responsible for any insurance cost-sharing amount (co-insurance, co-payment or deductible) unless a Medi-Cal co-payment or share of cost must be met. The provider may bill you for the service if you do not cooperate in identifying your private health insurance. If your other health insurance is a Prepaid Health Plan (PHP) or a health maintenance organization (HMO), you must use the plan facilities for regular medical care. Except for out-of-area service or emergency care, Medi-Cal will not pay for services rendered by a provider not associated with your PHP/HMO. Out-of-area services or emergency care should be billed to the PHP/HMO.

FOR MORE INFORMATION ON CHILD SUPPORT SERVICES PLEASE REFER TO YOUR  
CHILD SUPPORT HANDBOOK

### NONDISCRIMINATION STATEMENT

It is the policy of the State of California to ensure that all individuals are treated equally and that no person shall, on the basis of ethnic group identification, race, color, national origin, political affiliation or belief, religion, sex, age or disability be excluded from participation in, denied the benefits of any program or service, or otherwise be subjected to treatment that is different than that provided to others.

Each local child support agency has a designated Civil Rights Coordinator. Any applicant/recipient who feels they have been subjected to discriminatory treatment may file a complaint of discrimination by first contacting the local child support agency's designated Civil Rights Coordinator or by writing to the California Department of Child Support Services, Attn: Human Services Section, Civil Rights Office, P.O. Box 419064, Rancho Cordova, CA 95741-9064 or telephone (916) 464-5200.

(35) Adopt form CSS 2140, "DVCVR#1" as follows:

Date:

LCSA Case No.:

Due to recent changes in federal and state law, the child support program must send child support computer records to the federal government. The federal government will give the information to the courts, child support agencies, and sometimes to the other parent of your child. If you or your child is a victim of domestic violence, we will tell the federal government and they will not give out your information without a court order.

If you think that giving out your information may cause physical or emotional harm to you or your child(ren), fill out the enclosed form and return it to our office immediately. You must fill out the form completely, especially Section II. If you do not return this form to us in 30 days from the date of this letter, we will give your case information to the federal government for release to authorized persons and/or agencies.

Mail the completed form to:

OR Drop by our office at:

If you or your child(ren) are not the victim of domestic violence you do not have to return this form. Please understand that your personal information is never given to the other party without a court order. The only exception is the filing of records or documents with the court in connection with certain court proceedings.

If you have any questions, the number to call is (     ) -  
Please have the above LCSA case number and your social security number ready.

\_\_\_\_\_  
Local Child Support Agency Name

Office Use Only



(36) Adopt form CSS 2144, "DVCVR#2" as follows:

Date:

LCSA Case No.:

Phone number: (     )     -

Other Party's name:

The facts that you gave on the Child Support Domestic Violence Questionnaire were not detailed enough for us to stop the release of your child support computer records from being sent to the federal government, as required by law.

To stop the release of your address or other identifying information, you must provide us with evidence of one or more of the following within 30 days from the date of this letter:

- 1) You must have previously obtained a restraining order, a protective order or a stay away order against the other parent on your case. You should send us a copy of this order or tell us where we can get one; or
- 2) If you are receiving public assistance and claimed "GOOD CAUSE" because of a threat of domestic violence from the noncustodial parent which has been approved by the county welfare department or is pending, you must provide us with the details.
- 3) You must give us detailed facts with the reasons you believe that release of your address or other identifying information may result in physical or emotional harm to you or your children. You need to provide more detailed information including dates, times, places and possible witnesses to support your claim.

Since your previous Questionnaire did not provide enough information as to any of the above facts, we are sending you another blank Child Support Domestic Violence Questionnaire. If you can provide more complete specific detailed information, we will be glad to review your request.

---

Local Child Support Agency Name

## FINAL STATEMENT OF REASONS

### UPDATE OF INITIAL STATEMENT OF REASONS

**Section 110430. Medically Needy Only Recipient.** This final statement of reasons modified this definition to be consistent with the definition of “Medi-Cal Program” in Section 110428.

**Section 110431. Medical Support.** This section was amended to modify this definition as a result of public comments to be consistent with the language in Section 3750, Family Code (FC), and to clarify that vision and dental coverage when available by either the custodial party and/or the noncustodial parent is required for a dependant child(ren).

**Section 110473. Obligee.** This section was amended to modify this definition as a result of public comments to clarify that an “Obligee” is not only an individual but can also be an agency or entity such as, the Title IV-D agency.

**Section 112100. General Requirements.** This section specifies the statewide requirements and timeframes related to the application and referral processes for receipt of child support services.

Subsection (b) requires each local child support agency to accept all applications for child support services from an applicant not currently receiving public assistance and specifies three specific applicant types from whom applications must be accepted. This section was modified to be consistent with the language in Sections 17406 and 17415, FC, and to be consistent with the regulation text. Subparagraph (b)(1) required local child support agencies to accept applications from applicants applying only for collection of past due child support for an emancipated child(ren). This section was amended to repeal this subparagraph because federal law and regulations do not require the Title IV-D state plan to include the recovery of arrearages for children who are emancipated if the application for services is made after the child(ren) emancipated. Subparagraph (b)(2), redesignated as (b)(1), requires that local child support agencies accept applications from applicants reapplying for services after his/her case was closed. The regulatory text was not modified. Subparagraph (b)(3), redesignated as (b)(2), requires local child support agencies to accept applications from applicants applying for services to collect spousal support if the obligee is living with the children for whom the spousal support obligor also owes child support and the child support order is being enforced under the Title IV-D program. The regulatory text was not modified.

Subsection (c) specifies when an application is not required. This section was amended to include the phrase “application package” to be consistent with the regulatory text. A new subsection (c)(1) was included to not require a current

public assistance recipient to provide an application package when he/she is referred from the county welfare department. This was necessary to be consistent with Section 17415, FC and 45 CFR Sections 302.33 and 303.2(b). Subparagraph(c)(1), redesignated as (c)(2), clarifies that an application is not required from a former public assistance recipient who became ineligible for assistance, but wishes child support services to continue. This regulatory text was not modified. Subparagraph (c)(2), redesignated as (c)(3), specifies that an application is not required when a California local child support agency is the responding state in an interstate case. This regulatory text was not modified.

Subsection (e) requires each local child support agency to accept all referrals of CalWORKs, Foster Care, and Medically Needy Only recipients from the county welfare department on the day they are received and provide to the recipient the information notice specified in Section 112110(i) within five business days of the referral. Modifications were made as a result of public comment to repeal subparagraph (e)(1) because the form CSS 2115, "Request for Support Services" is only used for non-aided applicants. Modifications were made to redesignate subparagraphs (e)(2) to (e)(1) and (e)(3) to (e)(2) and (e)(4) to (e)(3) to accommodate the repealing of subparagraph (e)(1). These modifications were necessary to be consistent with the regulation text. References were added to subparagraphs (e)(1) and (e)(2), so the reader would know that in these subparagraphs the required forms are from the California Department of Social Services Manual of Policies and Procedures. Modifications were also made as a result of public comment to form CS 870, "Attestation Statement," referenced in subparagraph (e)(3). A revision date of January 2002 was indicated in the regulation text and on the form.

Subsections (a), (b), (d), and (f) were not modified.

Additional modifications were made to add the reference citation Welfare and Institutions Code (W&I), Section 11477, which requires county welfare departments to refer cases to the local child support agencies for support services. The requirement for LCSAs to provide support services is implemented in subsection (e) of this regulation.

**Section 112110. Application Package for Child Support Services.** This section specifies the forms that must be included in the application package for child support services. Modifications were made as a result of public comment to this section and to the forms CSS 2101, CSS 2115, CSS 2142, and CS 196. A revision date of January 2002 was indicated in the regulation text and on the forms CSS 2101, CSS 2142 and CS 196. A revision date of February 2002 was indicated in the regulation text and on the form CSS 2115. A modification was made to the first sentence of the section. The first sentence references Section 112110, which was incorrect and the section number was changed to 112100.

**Section 112130. Establishing the Case Record.** This section requires each local child support agency to establish a case record within specified timeframes following receipt of either an application for services or a referral from the county welfare department.

Subsection (a) requires each local child support agency to establish a case record within 20 days of receipt of either a referral of a CalWORKs, Foster Care, or Medically Needy Only recipient, from the county welfare department, or the application for services form, CSS 2101, if the minimum data elements necessary to open a case are provided. Modifications were made to subsection (a)(2) to be consistent with the regulation text to delete “the custodial party, noncustodial parent” and replace it with “an applicant.”

Subsections (b), (c), (d), (e), and (f) were not modified.

Subsection (g) requires a local child support agency to provide written notification to CalWORKs and Medically Needy Only recipients of the requirement to cooperate in all activities necessary to establish paternity and/or establish, modify, or enforce a support order as a condition of continued eligibility for CalWORKs or Medi-Cal, except under the conditions specified in subparagraphs (g)(1) and (2). Modifications were made as a result of public comment. This was necessary to comply with W&I, Section 11477.02, to ensure that only parents have the responsibility of cooperation. Modifications were also made to subparagraph (g)(2). This was necessary to comply with 45 CFR, Section 302.31(b) and W&I, Section 11477.02, to ensure local child support agencies suspend all child support activities until notified by the county welfare department of their final determination of good cause.

**Section 112140. Interviewing a Custodial Party/Noncustodial Parent.** This section specifies the requirements related to interviewing custodial parties and noncustodial parents.

Subsection (a) was modified to require local child support agencies to conduct an initial interview with a custodial party or a noncustodial parent, if that individual is the applicant for Title IV-D services, within 10 business days of opening a case, unless an interview was conducted pursuant to Section 112100 (e). Modifications were made as a result of public comment to specify that local child support agencies are not required to interview the foster care agencies and to clarify that the applicant who is requesting child support services is the individual who is interviewed.

**Section 112150. Case Processing—CalWORKs Referrals.** This section specifies the requirements for processing cases for CalWORKs referrals.

Subsection (a) requires a local child support agency, upon receipt of a CalWORKs referral, to seek to obtain an order for current support, if the

conditions specified in subparagraph (1)(A) or (B) exist, and/or an order for reimbursement of the costs of any public assistance received under the CalWORKs program. Nonsubstantive clarification was made as a result of public comment to include the phrase “establish paternity, if necessary, and” to subsection (a) to be consistent with 45 CFR, Section 302.31(a). Modifications were made to subparagraph (a)(2) by deleting the following phrases: “Such order shall cover the entire time period public assistance was paid and all of the child(ren) who received public assistance during that time period,” and “not exceed one year prior to the filing of the petition of complaint for all cases filed on or after January 1, 2000 and shall. Subsection (a)(2) was further amended by adding subparagraphs (A) and (B) to clarify that reimbursement orders for public assistance are subject to time frame limitations for the reimbursement of public assistance costs.

Subsection (b) was not modified.

Subparagraph (c)(1) requires a local child support agency to continue to provide Title IV-D services and notify the CalWORKs recipient within five business days of receipt of the county welfare department’s notification of ineligibility that Title IV-D services shall be continued unless the local child support agency is notified in writing by the CalWORKs recipient that services should be discontinued. Modifications were made as a result of public comment to accurately reflect 45 CFR, Section 302.33(a)(4). Modifications were also made to be consistent with subsection(c).

Additional modifications were made to add the reference citations Section 17400, FC, Section 11477, W&I, and 45 CFR, Sections 302.50, 303.4 and 303.6. Subsection 17400(a), FC, which requires local child support agencies to establish paternity and establish and enforce support, is implemented in subsections (a) and (b) of this regulation. Subsection 17415(b), FC, which requires local child support agencies to investigate paternity and obtain child support, is implemented in subsections (a) and (b) of this regulation; and subsection 17415(e), FC, which requires local child support agencies to continue to provide child support services after the child ceases to receive public assistance, is implemented in subsection (c) of this regulation. 45 CFR Section 302.50, which requires a local child support agency to enforce a court-ordered support obligation or to seek a court-ordered support obligation if none exists, is interpreted and made specific in subsection (a) of this regulation. 45 CFR Sections 303.4 and 303.6, which require local child support agencies to establish paternity and establish and enforce support obligations, is interpreted and made specific in subsections (a) and (b) of this regulation.

**Section 112152. Case Processing—Medically Needy Only Referrals.** This section specifies the requirements for processing cases for Medically Needy Only referrals. Modifications were made in response to public comments to redesignated subsections (c) to (a), (a) to (c), (b) to (d), (d) to (e), (e) to (f), (f) to

(g), and to accommodate the inclusion of a new subsection (b). Relocating this information was necessary because the requirements stated in the new (a) and (b) would be the only services required if the party had declined the full range of Title IV-D services.

Subsection (c), redesignated as (a), requires local child support agencies to provide all child support services to medically needy only recipients unless they recipient notifies the local child support agency that only medical support services are wanted. The regulatory text was not modified.

This new subparagraph (b) requires local child support agencies to establish paternity, if appropriate, including processing cases for Medically Needy Only referrals. This was necessary to comply with Section 17400, FC and 45 CFR, Section 302.31(a).

Subsection (a), redesignated as (c), requires local child support agencies to seek to obtain a medical support order for a noncustodial parent's child(ren) receiving benefits under the Medi-Cal program. The regulatory text was not modified.

Subsection (b), redesignated as (d), requires a local child support agency to enforce any existing medical support order for health insurance established for child(ren) receiving benefits under the Medi-Cal program. Nonsubstantive clarification was made to add the word "valid" between "existing" and "medical."

Subsection (d), redesignated as (e), requires a local child support agency to forward payments from a noncustodial parent for medical support to the Department of Health Services, if a local child support agency is enforcing a medical support order. Modifications were also made to specify that a local child support agency forward the medical support payments to the Department of Health Services only when the local child support agency is enforcing a medical support order that specifies a dollar amount. Nonsubstantive cleanup deleted the word "purposes" which became redundant with the addition of the word "support".

New subsection (f) was not modified.

Subsection (f), redesignated as (g), requires a local child support agency to provide written notification to a Medically Needy Only recipient who is no longer eligible for assistance under the Medi-Cal program that the local child support agency shall continue to provide Title IV-D services unless notified in writing by the Medically Needy Only recipient that services should be discontinued. The notice, which must be sent within five business days of receipt of the county welfare department's notification of ineligibility, shall inform the recipient of his/her rights and responsibilities of continuing to receive Title IV-D services, including a list of available services. Modifications were made as a result of public comment to relocate the phrase "in writing" after the second occurrence of

the phrase “Medically Needy Only recipient.” Modifications were also made to be consistent with 45 CFR, Section 302.33(a)(4).

Additional modifications were made to add reference citations Section 17400, FC and 45 CFR, Sections 302.31, 302.51 and 303.31. Subsection 17400(a), FC, which requires local child support agencies to establish paternity and establish and enforce support, is implemented in subsections (a) and (b) of this regulation. 45 CFR Section 302.31, which requires a local child support agency to establish paternity and establish and enforce a support order, is implemented in subsections (b), (c) and (d) of this regulation. 45 CFR Sections 302.51(c), which requires local child support agencies to forward medical support payments made on cases with assignments to the state Medicaid agency, is implemented in subsection (e) of this regulation. 45 CFR Section 303.31, which requires local child support agencies to seek and enforce an order for health insurance coverage in certain circumstances, is implemented in subsections (c) and (d) of this regulation.

**Section 112154. Case Processing—Foster Care Referrals.** This section specifies the requirement for processing cases for foster care referrals.

Subsection (a) was not modified.

Subsection (b) requires each local child support agency to enforce any existing support order(s) established for the family and/or child(ren) subject to foster care assistance. Nonsubstantive clarification was made by inserting the word "valid."

Subsections (c) and (d) were not modified.

Additional modifications were made to add reference citations Section 17400, FC and 45 CFR, Sections 302.50, 303.4 and 303.6. Additional modifications were made to correct the reference citation to add Section 17400, FC, and 45 CFR, Sections 302.50, 303.4 and 303.6. Subsection 17400(a), FC, which requires local child support agencies to establish paternity and establish and enforce support, is implemented in subsections (a) and (b) of this regulation. 45 CFR Section 302.50, which requires a local child support agency to enforce a court-ordered support obligation or to seek a court-ordered support obligation if none exists, is implemented in subsections (a) and (b) of this regulation. 45 CFR Sections 303.4 and 303.6, which require local child support agencies to establish paternity and establish and enforce support obligations, is implemented in subsections (a) and (b) of this regulation.

**Section 112155. Case Processing—Non Public Assistance Cases.** This section specifies the requirements for processing cases for non-public assistance applications.



Subsection (a) requires a local child support agency to seek to obtain an order for current support in non public assistance cases which shall comply with the statewide uniform guideline specified in Article 2 of Part 2, of Division 9, of the FC, and an order for medical support, unless such orders for support of all minor children already exist. Modifications were made as a result of public comment to include the phrase “establish paternity, if necessary, and to,” to be consistent with 45 CFR, Sections 302.31(a) and 303.4(a) and Section 17400, FC.

Subsection (b) was not modified.

Additional modifications were made to correct the reference citations to delete Section 4055, FC and add Section 17400, FC and 45 CFR, Sections 302.33, 303.4 and 303.6. Subsection 17400(a), FC, which requires local child support agencies to establish paternity and establish and enforce support, is implemented in subsections (a) and (b) of this regulation. 45 CFR Section 302.33(a), which requires a local child support agency to provide child support services to any applicant, is interpreted and implemented in subsections (a) and (b) of this regulation. 45 CFR Sections 303.4 and 303.6, which require local child support agencies to establish paternity and establish and enforce support obligations, is interpreted and made specific in subsections (a) and (b) of this regulation.

**Section 112200. Determining Cooperation.** This section specifies the requirements related to determining whether CalWORKs or Medically Need Only applicants or recipients are cooperating in all required activities necessary to establish paternity, or the establish, modify, or enforce a medical or child support order.

Subsection (a) specifies that a local child support agency shall determine cooperation from a CalWORKs or Medically Needy Only applicant or recipient and defines “applicant or recipient” and “cooperation” for the purposes of Article 5. Modifications were made to relocate subparagraphs (1) through (5) to a new subparagraph (b).

Modifications were made to adopt a new subsection (b) to clearly specify the activities required for cooperation in accordance with W&I, Sections 11477(b) and 11477.02. Subparagraphs (1) through (5) specify the activities that a custodial party must assist in, or the information that a custodial party must provide, for a determination of cooperation to be made. These modifications were necessary to clarify that a local child support agency can only determine cooperation if the applicant or recipient is a parent of the child for whom child support services are sought and who are either CalWORKs or Medically Needy Only recipients. Modifications were also made to clarify that cooperation is continuously determined from the time an applicant or recipient applies to case closure. These modifications were necessary to be consistent with W&I, Sections 11477(b) and 11477.02.

Modifications were made as a result of public comments to subparagraphs (a)(2) and (3), redesignated as (b)(2) and (3). Modifications were made to the new subparagraph (b)(2) to ensure and clarify a county welfare department requirement, as part of the cooperation process, that local child support agencies gather necessary information to complete a “Support Questionnaire, form CA 2.1Q. Modifications were made to the new subparagraph (b)(3), to be consistent with W&I, Section 11477(b)(2)(B). New subparagraph (b)(3) ensures that local child support agencies provide applicants or recipients 48 hours advanced notice of their interviews, hearings or other legal proceedings. Subparagraphs (A) through (C) were added to provide justification for not appearing at interviews, hearings or other legal proceedings.

Subsection (b), redesignated as (c), specifies that an applicant or recipient is not required to sign a voluntary declaration of paternity as a condition of cooperation. Modifications were made to be consistent with W&I, Section 11477(b)(3), and to be consistent with regulatory text, “custodial party” was deleted and “applicant or recipient” was added.

Subsection (c), redesignated as (d), requires a local child support agency to determine whether an applicant or recipient could reasonably be expected to provide information in cases where he/she attests under penalty of perjury that he/she cannot provide the information. Subparagraphs (1) through (4) specify certain factors that a local child support agency must consider when making this determination. Modifications were made as a result of public comment to be consistent with regulatory text and to be consistent with W&I, Section 11477(b)(1). This was necessary to require that local child support agencies make a finding of cooperation based on new Section (b)(1) through (5) and considering new Section (d) (1) through (4), that the applicant or recipient is able to assist in the activities necessary for cooperation, when the applicant or recipient attests under penalty of perjury that she/he cannot. Nonsubstantive clarification was made to (d)(1) providing for multiple children. Subsections (d)(3) and (4) were modified to delete “custodial party” and add “applicant or recipient” to be consistent with regulatory text and W&I, Section 11477(b)(1).

Subsection (d), redesignated as (e), specifies that a local child support agency shall not make a finding of noncooperation for a CalWORKs or Medically Needy Only applicant or recipient before he/she is given the opportunity to attest, under penalty of perjury, that he/she has no further information about the noncustodial parent and the information already provided is complete and accurate. Modifications were made as a result of public comments to add at the end of the section the phrase “to the best of his/her knowledge and belief.” This was necessary to require local child support agencies to give an applicant or recipient the opportunity to attest under penalty of perjury to the best of his/her knowledge and belief, that he/she has no further information. This will preclude an unnecessary or unwarranted finding of noncooperation. Nonsubstantive

grammatical corrections were also made changing "they are" to "he/she is" and "their" to "he/she".

Subsection (e), redesignated as (f), requires a local child support agency to prepare and transmit the most current version of "Referral to Local Child Support Agency," form CW 371 to the county welfare department as notice that the recipient has failed to cooperate. If the recipient subsequently cooperates, the local child support agency shall prepare and transmit a completed version of form CW 371 to notify the county welfare department of that fact. Modifications were made as a result of public comments to delete at the end of the last sentence "that eligibility may be restored," and replaced that phrase with "of that fact." This was necessary for clarification and to ensure that local child support agencies use the form CW 371 to notify the county welfare department that an applicant or recipient has subsequently cooperated. The Department also made modifications to be consistent with regulatory text.

An additional modification was made to clarify the reference citation Section 14008 Welfare and Institutions Code to 14008.6 Welfare and Institutions Code.

**Section 112210. Good Cause.** This section specifies the requirements of the local child support agency related to a determination of good cause.

Subsection (a) requires a local child support agency to suspend Title IV-D services if, the custodial party requests a good cause review by the county welfare department. Nonsubstantive clarification was made in response to public comment to delete the phrase "subsequent to opening a case," and to be consistent with 45 CFR, Section 302.31(b).

Subsection (b) requires a local child support agency to suspend Title IV-D services after receiving notification of a finding of good cause from the county welfare department via form CW 51, "Child Support—Good Cause For Noncooperation." Nonsubstantive grammatical change was made to delete the word "discontinue" and replace with the word "suspend." Modifications were made to be consistent with regulatory text and 45 CFR 302.31(c).

**Section 112300. Screening for Family Violence.** This section specifies the requirements for determining family violence as required in 42 United States Code, Section 602(a)(7) and 45 CFR, Section 260.52.

Typographical error in the name of the form was corrected from "DVCLR" to "DVCVR #1".

Modifications were made to correct the reference citation to delete Sections 17306, 17310 and 17312, FC and replace them with more specific reference citations to 42 United States Code, Section 602(a)(7) and 45 CFR, Section 260.52. 42 USC Section 602(a)(7) and 45 CFR Section 260.52, which provide

states with an option to screen recipients of Title IV-D services, identify those with a history of domestic violence, and require the Title IV-D agency to take the specified actions on those cases, is interpreted, implemented and made specific in this regulation.

**Section 112301. Determining Family Violence.** This section specifies the requirements for determining family violence as required in 42 United States Code, Section 602(a)(7) and 45 CFR, Section 260.52.

Subsection (a) was not modified.

Subsection (b) specifies that if form CSS 2142 is returned indicating the party is requesting nondisclosure of identifying information, but no detailed family violence information is provided a local child support agency shall mail certain documents to the party that submitted the incomplete form CSS 2142. Modifications were made to add at the end of the phrase “local child support,” the word “agency.” Typographical error in the name of the form was corrected from “DVCLR #2” to “DVCVR #2”.

Additional modifications were made to correct the reference citation to delete Sections 17306, 17310 and 17312, FC and replace them with more specific reference citations to 42 United States Code, Section 602(a)(7) and 45 CFR, Section 260.52. 42 USC Section 602(a)(7) and 45 CFR Section 260.52, which provide states with an option to screen recipients of Title IV-D services, identify those with a history of domestic violence, and require the Title IV-D agency to take the specified actions on those cases, is interpreted, implemented and made specific in this regulation.

**Section 112302. Activating a Family Violence Indicator.** This section specifies the requirement for activating, if necessary, a family violence indicator as required in 42 United States Code, Section 602(a)(7) and 45 CFR, Section 260.52.

Modifications were made to correct the reference citation to delete Sections 17306, 17310 and 17312, FC and replace them with more specific reference citations to 42 United States Code, Section 602(a)(7) and 45 CFR, Section 260.52. 42 USC Section 602(a)(7) and 45 CFR Section 260.52, which provide states with an option to screen recipients of Title IV-D services, identify those with a history of domestic violence, and require the Title IV-D agency to take the specified actions on those cases, is interpreted, implemented and made specific in this regulation.

#### **Forms Revision:**

The “Attestation Statement,” CS 870, dated (09/01/01) was repealed, and the Department adopted the revised form, “Attestation Statement,” CS 870, dated

(01/02). Modifications were made to the form to delete “FSD” located on the bottom right hand side of the form and replaced with “LCSA.” This modification was made to be consistent with Section 17000, FC.

The “Application for Support Services,” CSS 2101, dated (09/01/01) was repealed, and the Department adopted the revised form “Application for Support Services,” CSS 2101, dated (01/02). Nonsubstantive typographical modifications were made to the form. Therefore, a revision date of January 2002 was indicated in the regulation text and on the form.

The “Information Regarding the Application for Support Services Package,” CSS 2103, dated (09/01/01) was not modified.

The “Child Care Verification,” CSS 2105, dated (09/01/01) was not modified.

The “Visitation Verification,” CSS 2107, dated (09/01/01) was not modified.

The “Declaration of Support Payment History,” CSS 2109, dated (09/01/01) was not modified.

The “Health Insurance Information,” CSS 2111, dated (09/01/01) was not modified.

The “Request for Support Services,” CSS 2115, dated (09/01/01) was repealed, and the Department adopted the revised form, “Request for Support Services,” CSS 2115, dated (02/02). As a result of public comment, two sentences were added to form CSS 2115, “Any change in child care,” and “Any change in my income.” These modifications to CSS 2115 were necessary to ensure that the applicant immediately notifies a local child support agency when the applicant’s child care and/or income changes. Therefore, a revision date of February 2002 was indicated in the regulation text and on the form.

The “Child Support Domestic Violence Questionnaire,” CSS 2142, dated (09/01/01) was repealed, and the Department adopted the revised form, “Child Support Domestic Violence Questionnaire,” CSS 2142, dated (01/02). Nonsubstantive typographical modifications were made to the form. Therefore, a revision date of January 2002 was indicated in the regulation text and on the form.

The “Child Support Services Program Notice,” CS 196, dated (04/01) was repealed, and the Department adopted the revised form, “Child Support Services Program Notice,” CS 196, dated (01/02). As a result of public comment, the following phrase “or free legal services may be available at the local legal services office,” was added at the end of the first paragraph under the title “Your Rights.” Therefore, a revision date of January 2002 was indicated in the regulation text and on the form.

The "DVCVR #1," CSS 2140, dated (09/01/01) was not modified.

The "DVCVR #2," CSS 2144, dated (09/01/01) was not modified.

**Documents Relied Upon:**

None.